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ABSTRACT

This booklet outlines a holistic approach for counseling those with addictive disorders. The program is based on the idea that any activity, whether physical, mental, or spiritual, contributes to the tendency toward addiction, and that counseling should help an individual for a lifetime. The primary goal is to implement reasonable, responsible, and rational plans to rid the addict of addictive behaviors. Physical aspects of addiction serve as the initial focus. The program is presented in three parts: counseling skills, counseling perspective, and course and lesson plans. The chapters in each part feature an overview, followed by one or more outlines or models. Worksheets provide students with some structure as they practice counseling skills and the course plan and lesson plans provide for regular evaluations of the achieved counseling skill level. A course pretest and post-test is recommended. The course can also be used for training peer or lay counselors who counsel outside a professional setting. Peer counselors are closely supervised in out-of-class laboratory activities in order to minimize difficulties. Since counselors must experience the counseling process in order to help others, this volume provides the structure for such a training experience. (RJM)

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HELP ONE

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HELP ONE

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P A C I F I C A I N S T I T U T E

HELP ONE

A Critical Thinking Approach to Individual Counseling in Intercultural Settings.

by Rudolf E. Klimes, Ph.D., M.P.H.
Introduction by LTC H. Britt Doze, M.S.
Illustations by Joo Mi Kyoung, B.A.
The drawings are based on a Korean cultural perspective on counseling.

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Dedicated to three individuals
who have contributed their insights
to the development of this volume:

LTC H. Britt Doze, Jr., M.S.

MAJ Lance D. Clawson, M.D.

Patricia Lam, M.A.

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A WHOLISTIC APPROACH TO COUNSELING

INTRODUCTION:
A WHOLISTIC APPROACH TO COUNSELING by LTC H. Britt Doze, MSW

(Note: This introduction is written from the counseling respective of a clinical director of a military residential alcohol treatment facility.)

In order to be effective in counseling those with addictive disorders such as with alcohol or other drugs, a wholistic approach is here suggested.

Any activity, whether physical, mental or spiritual, which contributes to the tendency toward addiction, is to be carefully assessed. The implementation of reasonable, responsible and rational plans to rid the client of addictive behaviors is the goal.

Since alcoholism is treated as a "disease", the physical aspects of the addiction serve as the initial focus. Often, a thorough intervention will influence the client to feel and believe that the physician, nurse, dietitian, social worker and alcohol counselor are indeed competent to counsel and are effective aids in the recovery process. Short term and immediate tangible physical changes serve to educate and motivate the client to accept the need to make positive lifestyle changes.

Some of the problem areas in which lifestyle changes may need to be made are overwork, lack of rest, overeating, caffeine use, nicotine use, lack of exercise, lack of recreation, and sexual problems.

A NEW START of healthy choices for lifestyle changes is useful. The words NEW START represent seven areas of lifestyles:

N...Nutrition

E...Exercise

W...Water

S...Sunlight

T...Temperance

A...Air

R...Rest

T...Trust

A person's judgment about situations and events often influences his or her behavior either positively or negatively. The mental phase of the wholistic approach may be characterized by the following human needs:

Need to give love.....via self love, decisions, actions
Need to receive love.....via acceptance and appreciation of good things and actions
Need to feel worthwhile..via the establishment of a relationship with a higher power, the setting of reachable and achievable goals, etc.

Perceptions about people, places and things are influenced by life experiences, both good and bad ones. However, people tend to minimize the good and accentuate the bad. Only through the assessment of true facts is the counselor able to responsibly assist the client to realize good decision-making. Perceptions are usually valid and are reflected in the consequences. W. I. Thomas wrote that "if men define situations as being real, then

in their consequences they are real to them." So, if a client chooses to drink in order to forget the terrible experiences of the Viet Nam War, then that solution will be embraced, regardless of the consequences. Perceptions are also such that one side of the problem or issue can be evaluated without competent intervention from the counselor. During the initial phase of engaging the client, the client's judgment is often impaired because of prolonged alcohol or drug use. Therefore, the counselor must work to gain the trust and confidence of the client. However, this sacred trust must not be misused. The self determination of the client, within legal and socially-acceptable parameters, must be respected. Supervisors, commanders, significant others and counselor influence should be used in order to insure opportunities for positive growth and changes in the client.

Many tools are available to assist the client in making positive changes. In counseling in a work-setting, the information gathered from the supervisor or commander is essential in order to engage the client responsibly and effectively. Significant others such as spouses, children, family or peers have information that can influence the formulation of the treatment plan or the intervention. Psychological testing may be ordered, when indicated.

A complete social history, gathered orally at intake, provides insight for the definition of the problem. Many counselors and physicians tend to ignore or minimize social history content and context. However, a careful analysis of demographic information, family histories, medical histories, formulation of a master problem list, work history, and legal history provide

enough information to quickly assess a client and how he or she has learned to cope with life situations.

An ongoing assessment with updated information is useful. Consultation with other health care professionals in a multidisciplinary approach prevents the occupational hazard of singularly engaging the client "for better or for worst" without a realistic peer review or supervisory evaluation of counseling strategies. Too often, the counselor does not seek to evaluate the effectiveness of the intervention. This can be detrimental to recovery and rehabilitation.

In the spiritual realm, most clients feel guilty or ashamed as they attempt recovery. Past thoughts and behaviors become problems. This is in addition to the primary diagnosis of the addiction. A careful analysis of the client's values, beliefs, mores and other attitudinal influences will give reasonable indication as to the etiology and subsequent focus in counseling.

The spiritual aspect of the client searching outside of self and others for help, especially in time of trouble or need, is important if lasting recovery is to take place. Many clients with addictions do not have hope for positive growth, change and development. So, self-medication for anxiety and stress appears to be deceptively reasonable.

A servicemember understands the need to carry out assignments in an orderly fashion. Likewise, he or she understands the need and benefit to live by the application of principles of conduct or behavior. A working understanding of the concept of who God is and how he functions is essential to recovery. Counse-

lors are often reluctant to engage the spirituality concept. Chaplains, as members of the interdisciplinary team, can help to educate and encourage clients with correct views of spirituality. To omit this vital aspect of counseling is counter productive as indicated in the literature and in actual practice.

Man is a whole, indivisible being, and needs to be treated as such in every aspect of life, including counseling. The following outline presents the parts of the Residential Treatment Facility Program of the 121st Evacuation Hospital in Seoul.

I. Mental

- A. Family Services
  Social Work Service
  Psychology
- B. Drug and Alcohol Counselors
- C. Community Counseling Center Counselors
- D. Command

II. Physical

- A. Medical Aspects
- B. Nutrician Care
- C. Community Health Nurse
- D. Physical Training

III. Spiritual

- A. Chaplaincy Services
- B. 12-Step Study
- C. Alcohol Anonymous

HELPING ONE PERSON THROUGH INDIVIDUAL COUNSELING

Henry abuses drugs. He knows he is in need of help from a trained counselor that will be able to help him through his problem into sobriety.

The purpose of this volume is to help readers of this class guide to become competent in individual counseling. Counselors cannot be trained solely by reading books, they have to experience the counseling process in order to utilize it and help people like Henry. This volume provides the structure for such a training program.

An old Chinese proverb reads like this: "Give a man a fish, and you feed him for a day. Teach a man to fish, and you feed him for a lifetime." Counseling as presented in this volume is to help individuals for a lifetime. Thus counseling is not seen as the giving of advice or solutions, but as a teaching process through which the client becomes personally responsible and able to solve his own problems. In doing this, he or she can always draw on many resources.

Counseling may be defined as an interactive relationship between client and counselor that leads to behavioral changes in the client. The counselor helps the client solve his or her own problem. Counseling is feeling-sensitive, nonjudgmental, empathic, and reality-based.

This course can also be used for the training of peer or lay counselors, who engage in helping not in a professional setting. When used with peer counselors, the participants are closely supervised in out-of-class laboratory activities in

order to minimize difficulties due to their possible immaturity or lack of life experience.

Each chapter consists of a number of parts. First there is an overview of the area that introduces the topic under consideration. Then there are one or more outlines or models. Worksheets are presented that provide the students with some structure as he or she practices counseling skills.

The course plan and the lesson plans provide for regular evaluation of the achieved counseling skill level. A course pretest and post-test is recommended.

In order for students to understand and apply critical thinking in intercultural settings from the beginning, it is recommended that they read the introduction to Part II early in the course. In the instructional design, the first lesson of Part II is usually presented right after the first lesson of Part I, and so on throughout the course.

PART I. COUNSELING SKILLS

Counseling involves problem-solving. The problems counselors deal with are often buried deep in negative emotions and denial. This introduction looks at both of these areas.

SOLVING PROBLEMS

Sergeant Joe was a medical technician who was taking advanced studies. He liked his program and often boasted to his parents about it. But he had problems with his assignments and postponed them until the last minute. Thus the final week before his examinations was too much for him. Joe did not turn in all his papers, and he also failed some final tests. He got two F's. If he continued that way, he would not graduate.

His poor grade report was a real shock to Joe and his commander. "Look how you struggled to get into this program. And now this. We have sacrificed to keep you at your studies. Will you solve your problems and graduate?" asked the commander.

"Yes, Sir, I will pass next time." Joe's goal was clear to him: "I must pass all my subjects next time. I will graduate."

So Joe sat down with a friend and wrote out possible things he could do that would assure his passing. Then he made schedules, one set for each day, others for weeks and months. He planned his time well and asked his friend to check his weekly plans with his weekly report. His schedule was his constant companion and he did not dare deviate from it. And it paid off. His papers were in on time. Then he had enough time to review for his tests. And he passed all his courses. His problem was solved.

Joe clearly identified his problem and then set a realistic goal, namely to pass all his courses. Then he examined different

things he could do to achieve his goal. Finally, Joe developed steps that would help him reach his goals and implemented these steps.

Most problems do not get solved that easily, because people do not see or do not want to see the problem. A broken window is to some only a problem when the rain comes in. A damp basement is to some only a problem if one has to sleep there. A dead telephone is a problem only if one wants to use it.

It appears that some situations are problems only in the eye of the beholder. If a person does not want to see them, he can ignore them and often not suffer.

In some places, the lack of drinking water is a big problem. This type of problem cannot be ignored. Alcoholism, poverty and crime are others that are dealt with in some places.

Many personal problems are complex and require the assistance of a trained counselor. In counseling, the counselor does not solve the problem. The counselor only helps the client solve his or her own problem. As an objective, somewhat detached methods specialist, the counselor helps the client sift through the situations, relationships, meanings, and feelings that hinder the easy solving of problems. The counselor then teaches and guides the client through alternatives and steps that lead to the reaching of the commonly agreed-on goal.

Joe made it through the program. Daily, thousands solve their problems. Thousands are helped by counselors to manage their lives. But many more thousands fail and are never again heard from. Unsolved problems can kill.

HEALTHY EMOTIONS

Joe got into trouble over his college grades because he played football rather than write his assignments. "I did not feel like studying tonight." he said. Football was fun, assignments were boring.

Many, if not most personal problems have their roots in one's emotional life. We do what is fun and avoid what is boring. We eat what tastes good and don't eat what tastes bad to us.

Unfortunately, our emotions are poor guides to what is good and bad. Fun and sweets are not always good, and boring things are not always bad.

In order to protect themselves from the harsh and unpleasant reality, many people deny the facts and go on living in their own dream-word of what they consider positive emotions.

Every culture sets up its values of what is good and bad, and these hold true regardless of what an individual may think of them. For example, stealing is considered bad.

People who have some direction to their lives and who live by certain positive values are then free to express their emotions within that framework. Other things being equal, they most likely live healthy emotional lives.

But people who are ruled by feelings will greatly complicate their personal problems. In this case, feelings cloud the real issues. The feelings become the problems and hinder the real problem from surfacing.

Behind every healthy feeling, there is a good reason. Behind every unhealthy feeling, there is some rationalizing or other distorted reason.

Many times, people have little control over the situations they find themselves in. People are born handicapped and they do nothing about the handicap itself. But they have a choice of how they will relate to the handicap and how they will feel about it. And that choice is one of either healthy or unhealthy feelings, of either positive or negative emotions.

One way to categorize positive emotions is by categorizing them as either GLAD or STRONG. Negative emotions may be grouped as SAD, MAD, WEAK, or FEARFUL.

It is quite possible to be glad for the wrong reasons. Or to be sad for the right reasons. There is a place for both positive and negative emotions in life, but that place must be supported by reason or faith. If there is no good and helpful reason for an emotion, it is not healthy.

Bill becomes very angry when his son gets home late from school. Bill sees the problem like this: "My son should come home right from school, and he does not come home right away." This problem needs solving in a rational way. The goal is clear. Alternatives to correct the situation can be examined. Then a program with specific steps can be developed to assure the son's arrival at home.

Bill's anger gets in the way of the problem-solving process. Bill's anger is possibly the result of what he considers a challenge to his authority. Being late is not a helpful reason for anger.

1a. Models

Two main models are the structural basis for this course in individual counseling. The first model is called the Sand-Rock Helping Model, the second one is a general problem-solving model.

The Sand-Rock Helping Model (1b) highlights not only the four phases of counseling, but also the behavioral science approach to helping. According to this model, both the client and the counselor start off as learners, in what may be called the shifting sand. The client has a problem, the counselor does not know the client nor his or her background and problem. Both have much to learn. The counselor is skilled in attending and responding skills and can find out and understand what he needs to know in order to help. This may be the stepping on the solid rock. The client learns to personalize and face his problem and reaches the gravel, that gives him some support. Then as the client initiates and completes the planned action, he too reaches the rock.

In this model, the client discovers the content within himself, the counselor guides in the selection of the appropriate problem-solving steps and actions. The client's domain is content, the counselor's domain is method.

At least this is the general idea. In actuality, there may be much backtracking and the rock may never be as solid as expected. Neither the client nor the counselor fully knows or fully understands the situation. But, within human limitations, the model works (Carkhuff and Anthony 1979).

The Sand-Rock Model is presented in a number of ways (1c, 1d) in the following pages. Part of this model is the concept of

miscounseling (1e), presented also in graphic form. Helping results in either constructive or destructive changes, it is not neutral. Counseling follows the social approach to helping, rather than the medical one (1f).

The second model presented is a general problem-solving model (1g) that is used in most counseling. After the context has been established, a problem is identified and a goal is set. Then alternative ways to reach the goal are examined and steps are taken to reach the goal.

This chapter also presents a number of worksheets (1h-1l) that are useful in the overview and planning of the counseling process. Two worksheets are of special importance. Worksheet 1h is the Counseling Plan and Checklist that can be used as a pre-test and post-test to determine the level of counseling skills. The worksheet provides an outline of the whole course and shows both the recommended structure and actions of the client and counselor. Worksheet 1l is the Inventory of Counselor's Harmful Activities that follows the structure presented in the previous worksheet. This worksheet may be used as both a screening device for applicants to the counseling course and as a guide to discover counselor weaknesses.

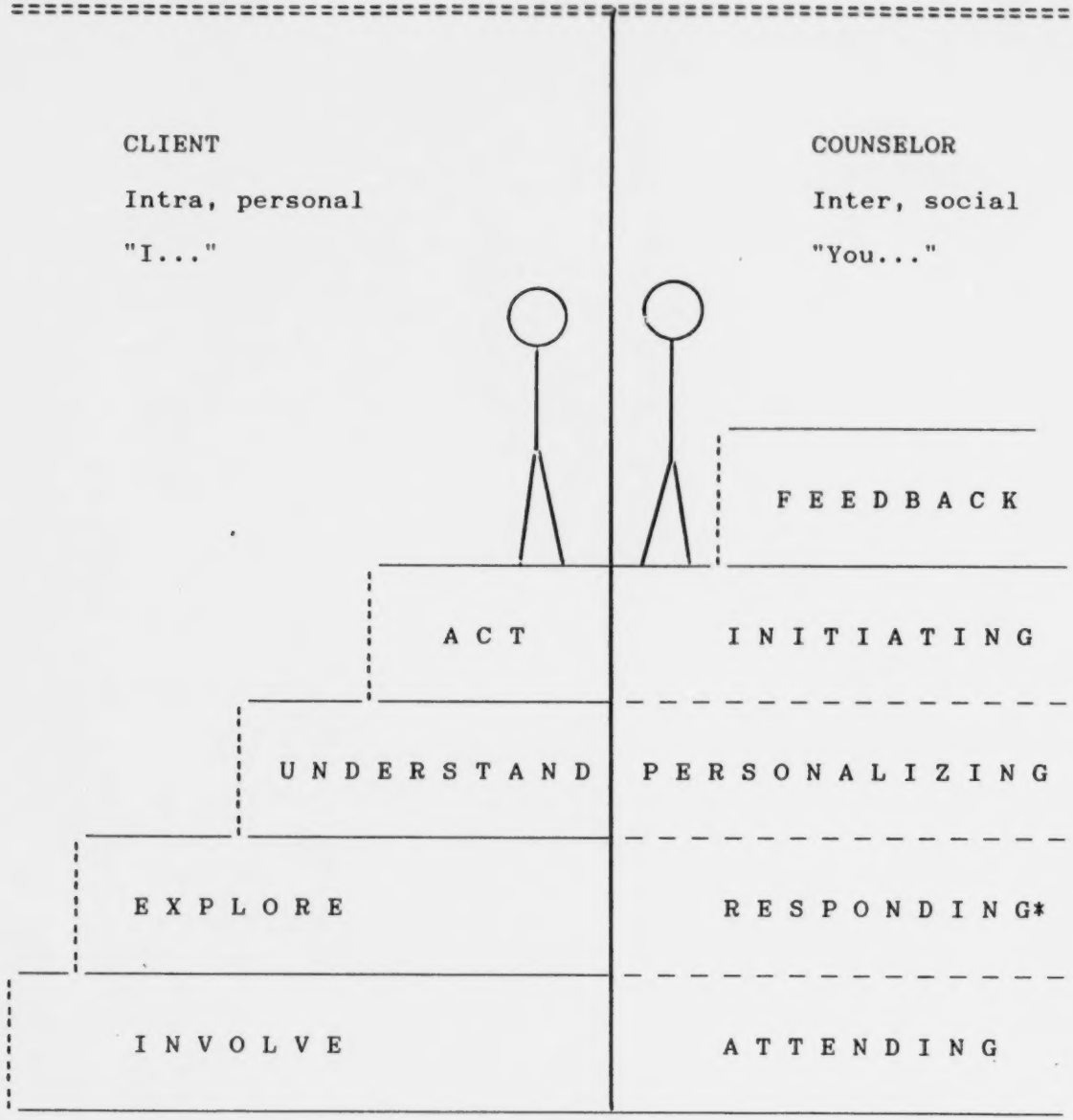
In connection with every lesson in Part I, the participants are asked to engage in at least four counseling sessions in a field laboratory in order to practice the skills presented in the lesson. The minimum time for each session is 20 minutes. Worksheet 1h should be used to report the results of most sessions, but Worksheet 1i may also be used as needed.

1b. SAND-ROCK HELPING MODEL

Instruction: This and most of the following models are read from the bottom up.

	Client	Counselor
4. Initiating Action		
3. Personalizing problem and goal (Defining the problem, setting reachable goals)	Gravel	
2. Responding to meanings and feelings (Reality testing and evaluation of perceptions)	Sand	
1. Attending by listening and observing	Sand	Sand

1c. HELPING MODEL



BY_____(attending)

THE COUNSELOR HELPS

THE CLIENT TO_____(be involved).

*Responding, personalizing and initiating is often called active listening.

1d. HELPING MODEL VARIATIONS

1.	2.	3.
H O M E	INTEGRATION	MANAGING
H U M O R	PERSONALIZATION	MOTIVATING
H O S T I L I T Y	QUESTIONING (Risks) **	ASSESSING
H O N E Y M O O N	CARE-SEEKING (Social) *	STARTING

4.	5.
P E R F O R M I N G	to change.
N O R M I N G	and I take responsibility
S T O R M I N G	with my problems,
F O R M I N G	I'm here

6.

Where?	Dealing with...
I A M G O I N G ...	A C T I O N
I S H O U L D B E ...	G O A L, P R O B L E M
I A M ...	F E E L I N G, M E A N I N G

* Known to others and self.
** Known to others but not known to self.

1e. MISCOUNSELING

M I S C O U N S E L I N G

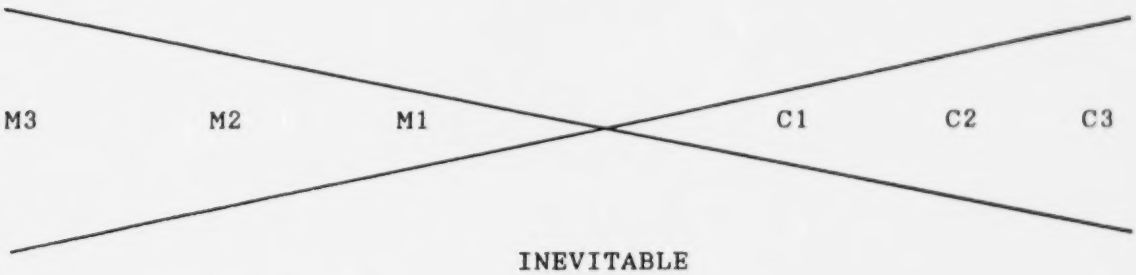
80 %

C O U N S E L I N G

20 %

\-

\+



INEVITABLE

EFFECT

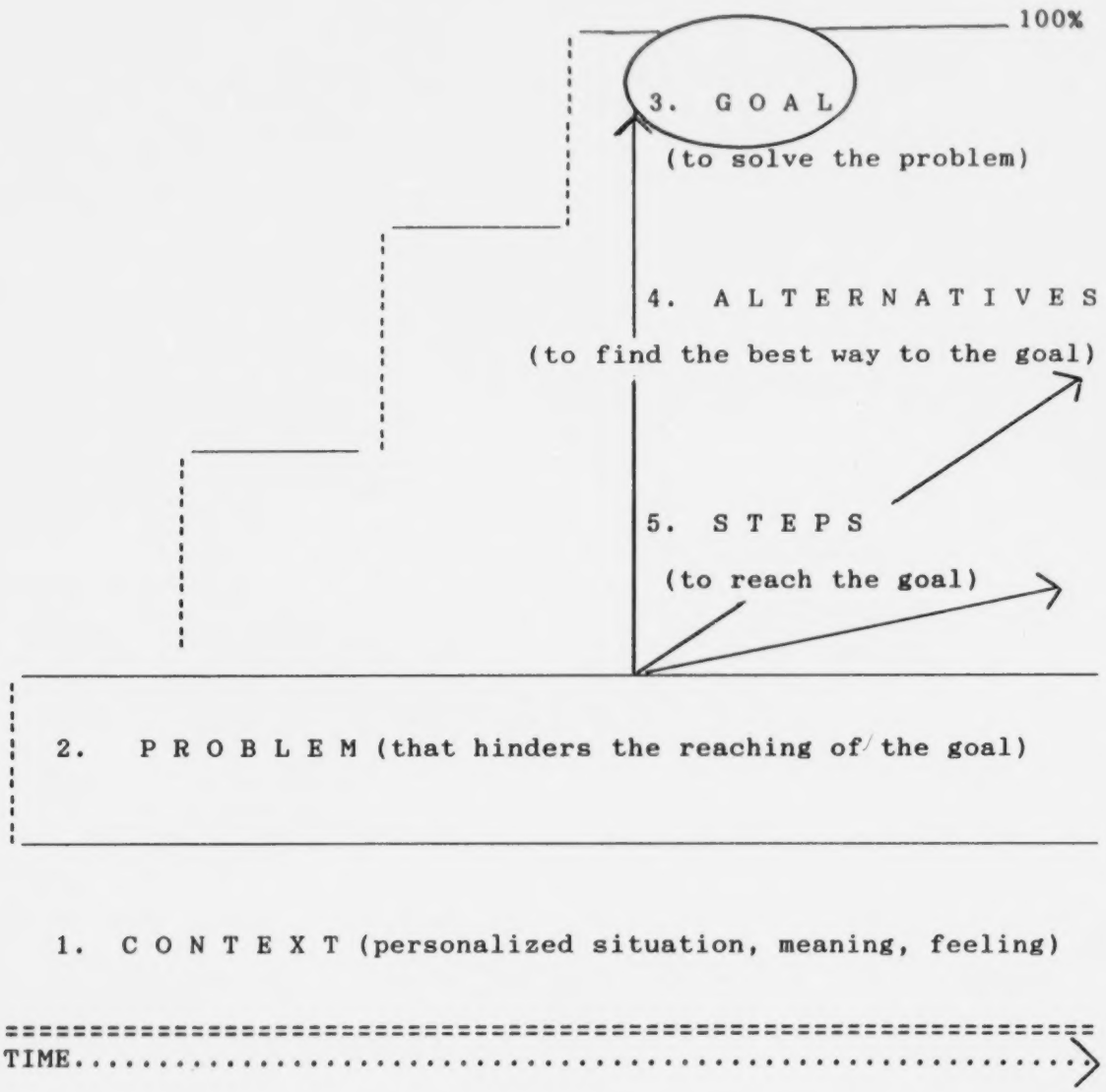
D E S T R U C T I V E
C H A N G E I N
C L I E N T 'S
B E H A V I O R
L E A D I N G T O
N E G A T I V I T Y

C O N S T R U C T I V E
C H A N G E I N
C L I E N T 'S
B E H A V I O R
L E A D I N G T O
P O S I T I V I T Y

1f. APPROACHES TO HELPING

	MEDICAL	SOCIAL
EMPHASIS:	PERSON	PERSON IN CONTEXT
EXPERT:	HELPER	CLIENT
METHOD:	FIX THE SICK	CHANGE DISCORD
MEASURE:	QUANTITY	QUALITY

1g. PROBLEM-SOLVING MODEL (For Self-Management)


100%
3. G O A L
(to solve the problem)
4. A L T E R N A T I V E S
(to find the best way to the goal)
5. S T E P S
(to reach the goal)
2. P R O B L E M (that hinders the reaching of the goal)
1. C O N T E X T (personalized situation, meaning, feeling)
TIME

1h. COUNSELING PLAN AND CHECK-SHEET of_____ Date:_____

Directions: Start at the bottom of the instrument, check the observed behaviors, give evidence, and circle the number of the highest observed behavior. For planning purposes, give date(s). Present a summary of the case on the other side.

	CLIENT: Check	Evidence	COUNSELOR: Check	Evidence	Date
5.0 FEEDBACK:			____	_____	____
ACTS:			INITIATES:		
4.8 Takes steps....	____	_____	____	_____	____
4.6 Develops steps	____	_____	____	_____	____
4.4 Chooses action	____	_____	____	_____	____
4.2 Defines goal...	____	_____	____	_____	____
UNDERSTANDS PERSONALIZED___:			PERSONALIZES:		
3.8 Goal.....	____	_____	____	_____	____
3.6 Feelings.....	____	_____	____	_____	____
3.4 Problem.....	____	_____	____	_____	____
3.2 Meaning.....	____	_____	____	_____	____
EXPLORES IMMEDIATE:			RESPONDS:		
2.8 Reasons/feelings	____	_____	____	_____	____
2.6 Feelings.....	____	_____	____	_____	____
2.4 Meaning.....	____	_____	____	_____	____
2.2 Situation.....	____	_____	____	_____	____
INVOLVES AND EXPRESSES:			ATTENDS:		
1.8 Relevant material	___	_____	____	_____	____
1.6 Verbally.....	____	_____	____	_____	____
1.4 Non-verbally...	____	_____	____	_____	____
1.2 Appearance.....	____	_____	*____	_____	____

* Counselor's work 1.2 - 1.8: Prepare, position, observe, listen.

1i. INVENTORY OF COUNSELOR'S HARMFUL ACTIVITIES

Directions: Check the observed behavior. One point is given for each supported check. The higher the score, the more harmful the counselor.

Action	Check No of Times	Evidence	Points
5.0 Ignores feedback.....	_____	_____	_____
INITIATES			
4.8 Makes clients dependent on counselor.....	_____	_____	_____
4.6 Dictates remedy.....	_____	_____	_____
4.4 Argues, pressures.....	_____	_____	_____
4.2 Insists on counselor's goals.....	_____	_____	_____
PERSONALIZES			
3.8 Forms quick solutions..	_____	_____	_____
3.6 Talks much about self..	_____	_____	_____
3.4 Jumps to conclusions, ignores real problem...	_____	_____	_____
3.2 Interprets beyond need	_____	_____	_____
RESPONDS			
2.8 Probes beyond need.....	_____	_____	_____
2.6 Denies client's feelings	_____	_____	_____
2.4 Judgmental response. misses the point.....	_____	_____	_____
2.2 Advises "You should"..	_____	_____	_____
ATTENDS			
1.8 Lectures, intellectualizes, asks irrelevant questions	_____	_____	_____
1.6 Ridicules, puts down, interrupts.....	_____	_____	_____
1.4 Dominates.....	_____	_____	_____
1.2 Carelessness.....	_____	_____	_____

1j. COUNSELING STATEMENT SAMPLES (Write own samples on blank)

FEEDBACK

5.0 Recycling "You can look at your problem once more in order to discover what more..."

INITIATING

4.8 Steps: "You are now..."

4.6 Steps: "You can start with.."or "Your first step is..."

4.4 Choices: "Another way for you to get there may be for you..."

4.2 Goal: "So your goal is..."or "So, you want to..."

PERSONALIZING

3.8 Goal: "You feel...because you can't and want..."

3.6 Feelings: "You feel...(new word) because you can't..."

3.4 Problem: "You feel... because you can't..."

3.2 Meaning: "You feel... because you..."

RESPONDING

2.8 Reasons: "You feel... because..."

2.6 Feelings: "You feel..."

2.4 Meaning: "You mean..."

2.2 Situation: "You're saying..."or "In other words..."

ATTENDING

1.8 Totally: Well, I listen to you...

1.6 Verbally: Well, I hear you and see you...

1.4 Non-verbally:Let me check my posture, angle, eye contact...

1.2 Appearance: Let me arrange the invitations and the room...

NONATTENDING
1.0 Nonattending: 0

1k. LIFE AREAS INVENTORY FOR ONE YEAR of Date:

AREAS	GOAL	CATEGORIES	NOW	PERCENTAGE	FEELINGS	RANK
MENTAL	____	_____	_____	_____%	_____	____
PHYSICAL	____	_____	_____	_____	_____	____
SPIRITUAL	____	_____	_____	_____	_____	____
SOCIAL	____	_____	_____	_____	_____	____
ECONOMIC	____	_____	_____	_____	_____	____
VOCATIONAL	____	_____	_____	_____	_____	____

SAMPLE of an inventory entry on the above blanks:

Social	6	close friends	3	50%	- (sad)	2

EXPLANATIONS OF AREAS

Mental:	study, reading, intellectual activities
Physical:	health, exercise, sports, diet, physical work
Spiritual:	contemplation, religion, meditation, faith
Social:	family, friendships, buddies
Economic:	assets, moneys, possessions
Vocational:	work, employment, part-time or full-time

SAMPLE OF CATEGORIES

Mental:	GPA, degrees or certificate completed
Physical:	pushups, minutes per mile, miles
Spiritual:	hours per week
Social:	number of very close friends
Economic:	total assets
Vocational:	job category or level

EXPLANATION OF FEELINGS:

Positive +	glad, strong
Negative -	sad, mad, weak, fearful

11. LIFE AREAS WORKSHEET

1. Describe the life areas. Rate on 1-5 level, 5 is highest.
   Examples: Problem with boss. Not reaching my potential...
   I was promoted. Completed a course in Art.

	Comfort	Self-disclosure	Problem intensity
Mental*			
Physical			
Spiritual			
Social**			
Economic			
Vocational			

2. Further describe the areas. Rate on 1-5 scale, 5 is highest.

	Sensitivity	Hot buttons	Unfinished business
Mental			
Physical			
Spiritual			
Social			
Economic			
Vocational			

3. List and describe areas that are rated above as 4 and 5.

_____

_____

4. Develop programs to deal with these areas according to the problem-solving model.

* Includes education, training, reading and personal intellectual development.

** Includes all interpersonal relationships, family, parents, and psychosocial areas.

ATTENDING

2a. ATTENDING SKILLS

As the counselor enters the counseling relationship, he or she needs to get oriented to a particular client. Each situation is different and requires a particular frame of mind. The counselor prepares for each client and for each session so as to maximize the possible benefits of the relationship (2b).

Attending skills (2c) are basic and are also used in many other forms of relationships, including teaching and peer counseling. Persons well trained in social skills may practice most attending skills without giving much thought to it. They can become a natural bridge in any relationship.

Attending skills may be defined as those interpersonal behaviors that foster a trustworthy interpersonal relationship and that provide a continuous positive setting for helping. They further give the counselor clues as to the present condition and state of the client. Attending skills are practiced not only at the beginning of the counseling relationship, but continue on throughout all sessions. Thus they are not the first step in counseling, but rather an underlying climate pervading the whole relationship.

Counselors are also contious of the particular communication and behavior styles (2d) in which they function most comfortably.

The four main attending skills presented in the following outline are preparation, positioning, observing and listening. An Observation and Listening Inventory is presented as a worksheet (2e). An Attending Worksheet is also presented (2f).

2b. BEING IN RELATIONSHIP

Types: Friend.....enemy (general)

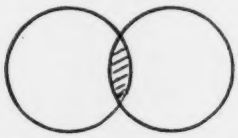
Spouse.....family member (home)

Fellow-worker.....client (work)

Other

---

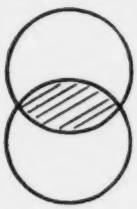
1. Team



Interdependent
Dependent

---

2. Hierarchy



Dominant
Subordinate

---

3. Minimal

---

4. Distant

---

5. Not in relationship

2c. ATTENDING SKILLS

CLIENT	COUNSELOR
PREPARATION	
Appears, shows up	Informs: invites, notifies
Continues with counselor	Encourages with "I see, yes, oh, huh, mm..."
	Arranges setting
	Seats, seat arrangement,
	decorations,
	avoidance of distractors
POSITIONING	
Nonverbals	Distance, 3-4 feet
setting	Level with client
mood	Seating angle squared
	Incline, 30 degrees
	Eye contact, 20 sec. periods
OBSERVING	
Expresses himself verbally	Sees and notes
and nonverbally	Infers
(small talk)	
LISTENING	
Expresses himself about	Listens and notes
important matters	Remembers exact words
	Infers

2d. COMMUNICATION AND BEHAVIOR STYLES

1. Communication styles (consider which style you favor)

a. Spiral (often Asian)

b. Arrow (often German or American)

c. Linking (often Arab or Indian)

d. Sidetracking (often French or Russian)

---

2. Sensual orientation (Check and see which terms you use most often in conversations. Say a greeting and check.)

a. Visual	b. Audio	c. Feeling
Look	Hear	Touch
See	Say	Handle
Clear	Tone	Grasp

---

3. Communication channels

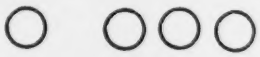
Words.....7%

Tone.....38%

Non-verbal....55%

4. Orientation

Individual

Group 

System

---

5. Behaviors

+ Benefits	0 No action
- Punishment/ pain	- - Avoidance of

2e. OBSERVATION AND LISTENING SKILLS INVENTORY Date:

Instructions: Describe the client and counselor. Have an evaluator circle the accurate answers. Multiply the circles by five to obtain percentage scores.

	CLIENT:	COUNSELOR:
OBSERVE		
1. Posture		
2. Expression		
3. Hand usage		
4. Behavior		
5. Grooming		
6. Age, sex		
7. Body build		
LISTEN		
8. Who		
9. What		
10. When.....		
11. Where.....		
12. Why.....		
13. How.....		
14. Feeling words..		
15. Tone.....		
16. Theme.....		
INFERENCES		
17. Feelings.....		
18. Energy level...		
19. Ready to give and receive....		
20. Congruence.....		

2f. ATTENDING WORKSHEET

1. Do not move. Describe the way you are sitting, feeling, what you are wearing, etc.

2. Look around. Describe this setting. Evaluate it on the basis of helpfulness and hinderers for individual counseling.

3. Underline all statements that are data. Do NOT underline statements that are inferences.

   prejudiced, physically fit, well dressed, troubled, bald, overweight, guilty, pretends, speaks with difficulty, looks like gangster, constantly moving hands, about 30 years of age, attentive, looks distressed, looks sick, has red eyes, slouches, intelligent, honest, smokes.

4. From the above underlined data, make inferences, when possible, as to their a. energy level, b. feelings, and c. congruence.

5. Take 5 short newspaper articles, and answer the following questions: who, what, when, where, why, how.

6. Observe a person make a short presentation on the topic "Honesty" and complete the following form according to the above suggestions.

APPEARANCE	BEHAVIOR	INFERENCE

Who?_____

What?_____

When?_____

Where?_____

Why?_____

How?_____

RESPONDING

3a. RESPONDING SKILLS

For the counselor, the purpose of responding is to help the client face up to reality, that is the situation at hand, and for him or her to discover the meanings, feelings, and reasons for the feelings associated with his healthy and sick behaviors (3b).

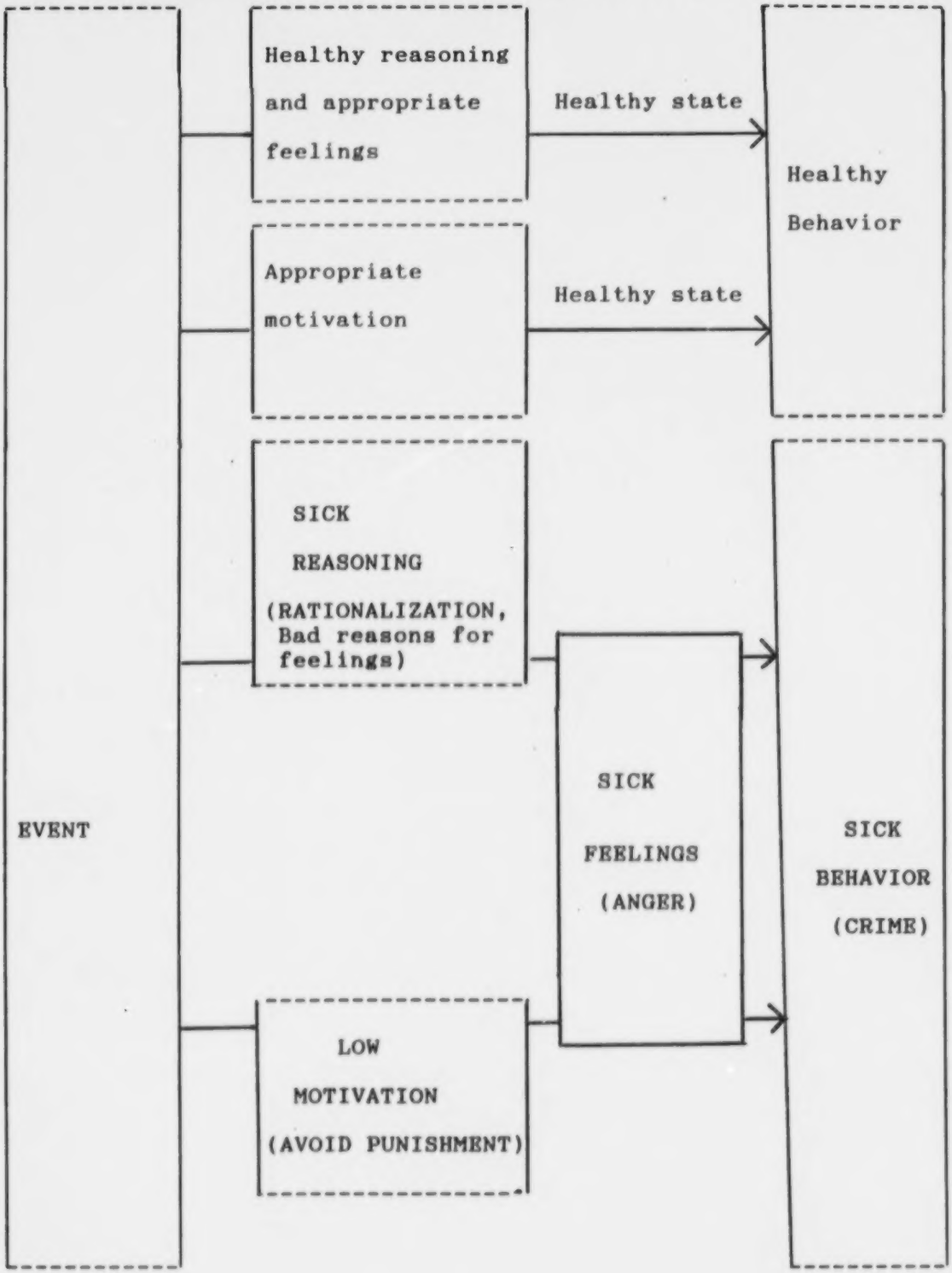
In many cases, the situation is not clear to the client. There may be unrealistic meanings attached to the situation. The very central work of the counselor is to help the client face up to his feelings and to learn to deal with them in a positive way. There are reasons for the occurrence of every feeling or mood, and the client needs to understand these reasons. The reasons may be bad or illogical, but to the client they are still reasons.

Responding is one of the most sensitive types of work. It is not advising or teaching in the normal sense, but rather a drawing out of the client in order that the problem may be dealt with (3c). If the real situation, meanings, and feelings are not dealt with in the counseling relationship, the process cannot go on successfully.

The four responding skills presented in the following outline and worksheets (3d) are skills of responding to situations, meanings, feelings, and reasons for the feelings.

An outline of responding skills (3e) and a Responding Skills Worksheet (3f, 3g) is also included.

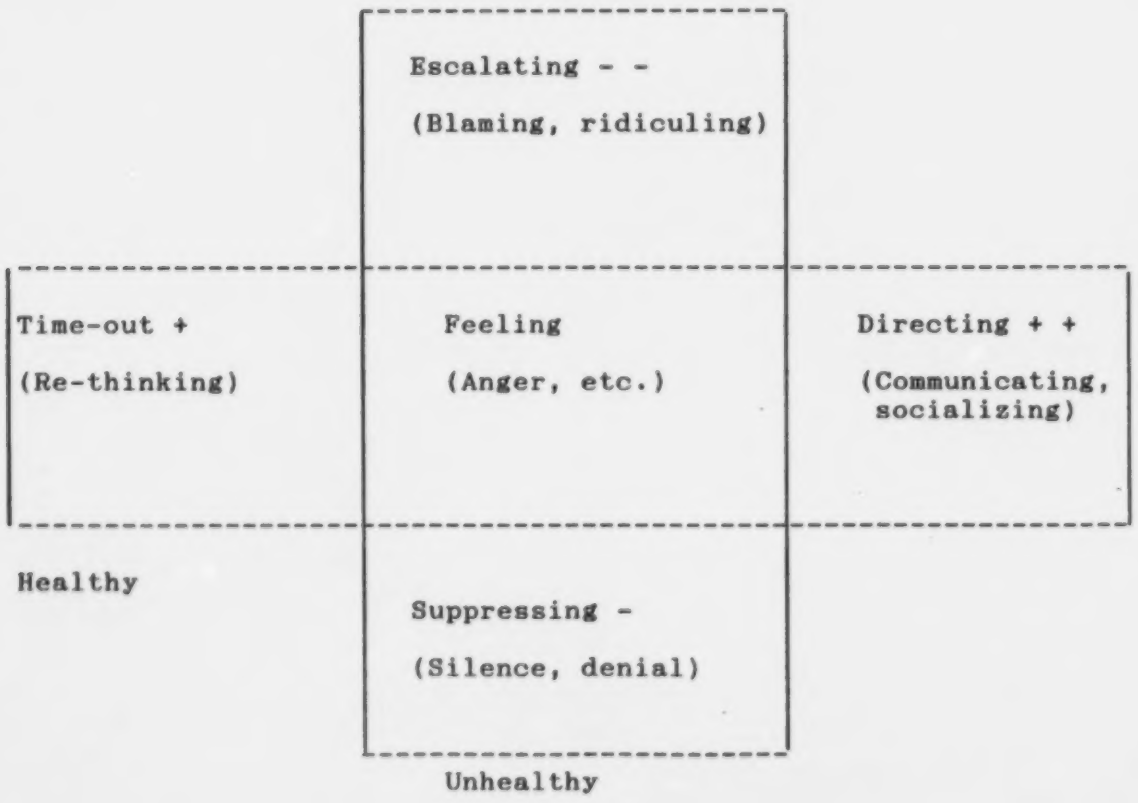
3b. PRECURSORS TO HEALTHY AND SICK BEHAVIORS



3c. RATIONAL MEANINGS (to Avoid Sick Reasoning)

1. HAPPINESS IS UNDESERVED.
2. FEELINGS ARE CONTROLLABLE.
3. CRITICISM IS BENEFICIAL.
4. SOLITUDE IS ACCEPTABLE.
5. LIFE IS UNFAIR.
6. NOTHING IS PERFECT.
7. RELATIONSHIPS ARE IMPERFECT.
8. ACCEPTANCE IS CONDITIONAL.
9. TROUBLE IS UNAVOIDABLE.
10. UNCERTAINTY IS USUAL.

3d. CHOICES IN FEELINGS MANAGEMENT



3e. RESPONDING SKILLS

Client	Counselor
2.8 REASONS FOR FEELINGS a. Rational feelings b. Apparent irrational feelings c. Apparent reason-less feelings	a. Surface reasons b. Underlying (real) reasons c. Wrong reasons noted by the counselor
2.6 FEELINGS a. Expressed feelings about the situation b. Feeling categories c. Feeling descriptors	a. Acceptance of client's feelings b. Expression of care, empathy c. Listening to specific feeling words/signs
2.4 MEANINGS a. Meaning same as situation b. Meaning different from situation Reflected in expression, behavior	a. Communicating THAT and WHAT he understands b. Avoiding misjudging meaning
2.2 SITUATION a. Discusses specific situation b. Who, what, when, where, why, how	a. Continues to attend b. Responds to situation statement by paraphrasing rephrasing near-repetition minimal verbal (ah) c. If no 5WH, probes, asks.

3f. RESPONDING SKILLS WORKSHEET

1. Describe the situation:

   Who_____

   What_____

   When_____

   Where_____

   Why_____

   How_____

   Other _____

   _____

2. The meaning is the same as the situation: yes__, no__.

   If no, state the meaning_____

   _____

3. Feeling category_____

   Feeling descriptors_____

   Feeling words used by client_____

   _____

   Feeling signs given by client_____

   _____

4. Surface reasons for feelings_____

   _____

   Underlying real reasons for feelings_____

   _____

3g. RESPONDING SKILLS WORKSHEET, PART II

1. Statements may be specific or vague. Circle the specific ones.

   a. You are saying that you don't like him.

   b. I hear you say that you don't want to do this.

   c. In other words, your wife does not listen unless you shout.

   d. You are saying that you don't want to work at IBN.

   e. You are saying that your children are unruly.

   f. In other words, you will quit your job this June 15.

2. Responding statements may be paraphrases or parrots. Circle the letter of the paraphrases.

   Case: "I drink whenever I have a problem. This seems to help me forget my difficulties. But then I do crazy things when I am drunk. And I get into more trouble..."

   a. You're saying that you drink whenever you have a problem.

   b. You're saying that drinking appears to take your troubles out of your mind.

   c. You're saying that, when under the influence of alcohol, you act irresponsibly and foolishly.

   d. You say that after drinking, you get into more trouble.

3. Responding statements are either judgmental or nonjudgmental. Circle the letter of the nonjudgmental ones.

   a. You are saying that your boss scolds you that he is unfair.

   b. You are saying that you are not smart enough for this job.

   c. In other words, the teacher is unfair to you.

   d. You're saying that you cheat even when you know it is wrong.

4. Select 5 non-political newspaper articles and describe the likely feelings of the actors. Use the 5 categories of glad, strong and sad, mad, and weak, and specific feeling descriptors. Give reasons for you selections.

PERSONALIZING

4a. PERSONALIZING SKILLS

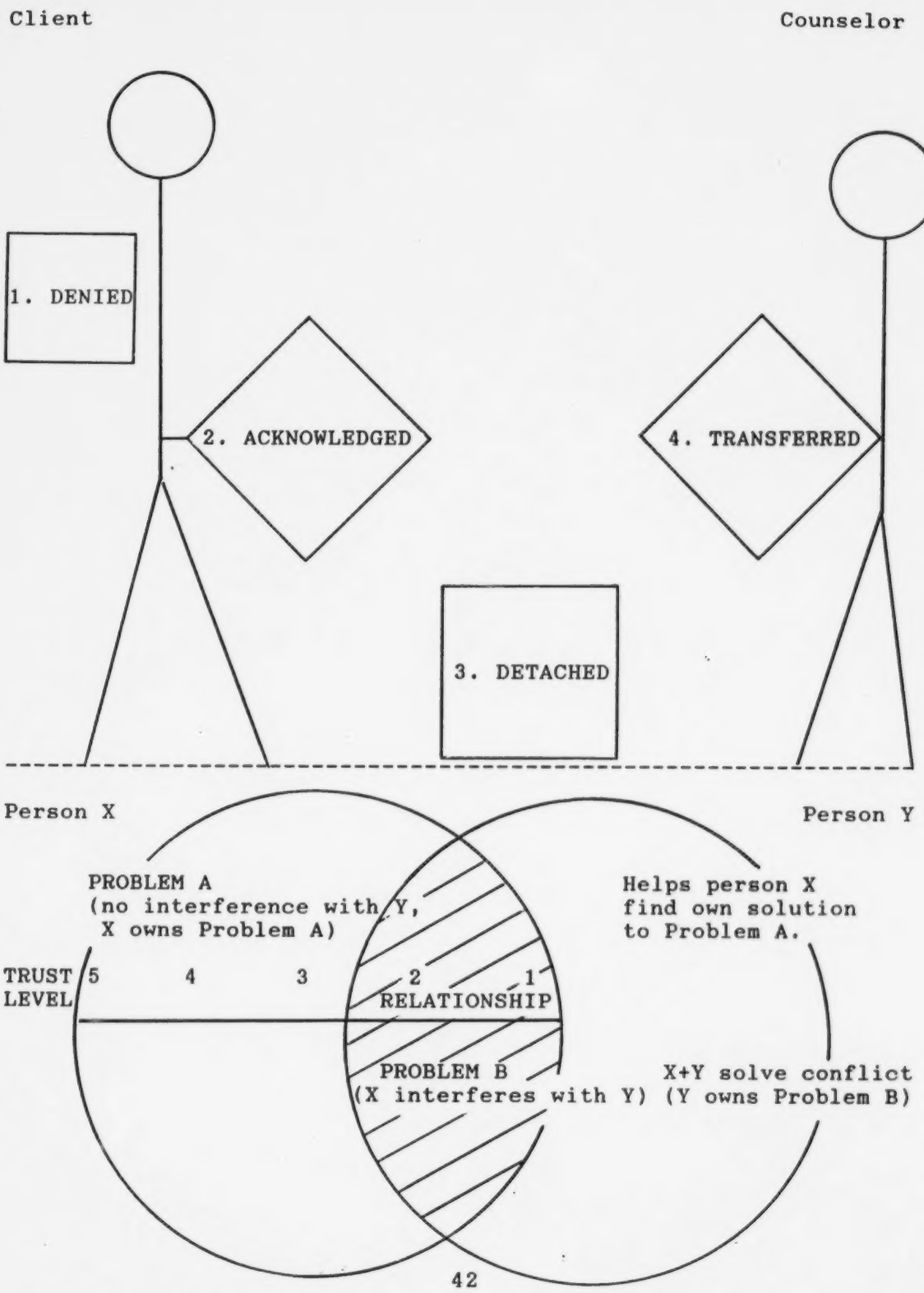
Counseling focuses on personal behavior change. Thus a general understanding of a situation is not enough. The counseling relationship is to lead to specific outcomes described in a goal statement (4c). The personalizing process leads the client to face up to the problem and his feelings, and to develop a specific reachable goal (4d).

Here the problem-solving process really begins. Because the client has often so many emotional and reasoning problems, it takes the responding process to prepare for the personalizing of the problem and the goal. In order to solve a problem, it must be clearly stated. Then, a goal or objective needs to be developed. The next step will deal with the steps that make it possible to reach the goal.

To personalize, a review of the meanings associated with the situation is needed. Then the problem is clearly stated. The problem statement may cause a shift of feelings, and that needs to be explored. Then the client is ready to develop a goal that he or she intends to reach.

A review of personalizing skills is given in Worksheet 4e.

4b. PROBLEMS



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4c. PERSONALIZING

Client	Counselor
3.8 GOAL a. States where he/she wants to go b. Goal is implicit in the problem (to correct the problem)	a. Stated goal b. Implicit goal Restates and checks
3.6 FEELINGS a. New feelings with new understanding b. Same feelings with new understanding	Responds and checks
3.4 PROBLEM a. Owns, takes personal responsibility b. Blames others c. Denies problem d. Avoids problem by way of sick reasoning	a. Identifies the deficit b. Restates problem in negative terms- can't
3.2 MEANING a. Takes initial control of situation b. Personally involved in reasons for feelings	a. Uses you- you pattern b. Validates his/her perception of the meaning 2-6 times.

4d. PERSONALIZING WORKSHEET

1. The personal current meaning of the situation is_____

_____

_____

The client takes initial control of the situation by _____

_____

2. The problem is_____

_____

_____

3. The current/new feelings about the problem are_____

_____

4. The goal is_____

_____

_____

4e. PERSONALIZING WORKSHEET REVIEW

1. Review the three personalizing responses:

   a. Meaning.
   "You feel hurt because he does not recognize your contributions."

   b. Problem.
   "You feel frustrated because you cannot speak up without getting into more problems."

   c. Goal.
   " You feel desperate because you cannot approach your boss and yet you need to graduate on time."

2. Write personalized responses that start with:

   a. You feel_____because_____

   b. You feel_____because you cannot_____

   c. You feel_____because you cannot_____ and need to___

4f. AXIS I DISORDER AND PROBLEM CATEGORIES, DSM-III-R (APA 1987)

Direction: Mark each category and connect the points.

Axis I	1 0	2 Partial in Remission	3 Mild	4 Moderate	5 Severe
MENTAL DISORDERS*					
303.90 Alcohol dependence 3-early, 4-middle or 5-late stage					
305.00 Alcohol abuse					
304.XX Drug dependence					
305.XX Drug abuse					
XXX.XX Other_____					
PERSONAL AND SOCIAL (Primary or Underlying) PROBLEMS:					
V15.81 Noncompliance with medical treatment					
A. Denial of illness					
V40.00 Borderline (IQ 71-84) intellectual function					
V61.10 Marital problem					
A. Estrangement					
B. Divorce					
V61.20 Parent-child problem					
V61.80 Other specified family circumstances					
V62.20 Occupational problem					
A. Lack of qualifications					
B. Mismatched assignment					
C. Uncertainty w career choice					
V62.30 Academic problem (Grades)					
V62.81 Other interpersonal problem					
A. Difficulty with superior					
B. Difficulty with peer					
C. Difficulty with subordinate					
D. Difficulty w romantic partner					
V62.82 Uncomplicated bereavement					
V62.89 Phase of life problem					
V62.89 Malingering					
A. False physical symptoms					
B. False psychological symptoms					
V71.01 Adult antisocial behavior					
A. Illegal trade					
B. Assault					
V71.02 Childhood or adolescent antisocial behavior					

* State specific category as diagnosed by a physician.

4g. AXIS II-V CATEGORIES (DSM-III-R 1987)

AXIS II. Personality Disorder (as diagnosed by physician)_____
When not specified, then V71.09 No diagnosis on Axis II.

AXIS III. Physical Disorders or Conditions
(as diagnosed by physician)_____

AXIS IV. Severity of Psychosocial Stressors:_____(overall)
Code 1...None
Code 2...Mild
Code 3...Moderate
Code 4...Severe
Code 5...Extreme
Code 6...Catastrophic
Code 7...Inadequate information, or no change in condition.

TYPES (list specifics and circle the appropriate severity code)

a. Conjugal (marriage)_____1 2 3 4 5 6 7

b. Parenting.....1 2 3 4 5 6 7

c. Other interpersonal_____1 2 3 4 5 6 7

d. Occupational.....1 2 3 4 5 6 7

e. Living circumstances_____1 2 3 4 5 6 7

f. Financial.....1 2 3 4 5 6 7

g. Legal.....1 2 3 4 5 6 7

h. Developmental.....1 2 3 4 5 6 7

i. Physical illness or injury_____1 2 3 4 5 6 7

j. Other psychosocial stressors_____1 2 3 4 5 6 7

k. Family factors (type for children)_____1 2 3 4 5 6 7

AXIS V. Global Assessment of Functioning (current, past year)
81-90 Absence or minimal symptoms.
71-80 If symptoms are present, they are transient or expected.
61-70 Some mild symptoms.
51-60 Moderate symptoms.
41-50 Serious symptoms.
31-40 Some impairment in reality testing and communication.
21-30 Serious impairment in communication and judgment.
11-20 Some danger of hurting self or others.
1-10 Persistent danger of severely hurting self or others.
0 Inadequate information.

Global Assessment of Functioning (GAF) Scale _____

4h. EXAMPLES OF DSM-III-R MULTIAXIAL EVALUATION RECORDS

Example 1

Axis 1: 303.90 Alcohol Dependence
Axis II: 301.60 Dependent Personality Disorder (Provisional, rule out Borderline Personality Disorder)
Axis III: Alcoholic Cirrhosis of liver
Axis IV: Psychosocial stressors: anticipated retirement and change of income and in residence, with loss of contact with friends
Severity: 3 - Moderate (predominately enduring circumstances)
Axis V: Current GAF: 42
Highest GAF past year: 54

Example 2

Axis 1: 307.42 Primary Insomnia
Axis II: V71.09 No diagnosis on Axis II
Axis III: None
Axis IV: Psychosocial stressors: financial difficulties, unable to keep up on credit payments
Severity: 3 - Moderate (predominately enduring circumstances)
Axis V: Current GAF: 57
Highest GAF past year: 66

Example 3

Husband:
Axis I: V61.10 Marital Problem
Axis II: Narcissistic personality traits
Axis III: Vitamin B12 deficiency
Axis IV: Psychosocial stressors: conjugal and parenting, conflicts in marriage and with child
Severity: 2 - Mild
Axis V: Current GAF: 70
Highest GAF past year: 62

Wife:
Axis I: V61.10 Marital Problem
Axis II: V71.09 No Diagnosis or Condition
Axis III: None
Axis IV: Psychological stressors: conjugal, conflict in marriage
Axis V: Current GAF: 76
Highest GAF past year: 80

INITIATING

5a. INITIATING

Counseling is not all talk. As we have learned in attending, it also involves many other skills such as listening and observing. Then the counselor responds to the client appropriately and helps personalize his or her problem and goal.

The last regular phase of counseling is initiating. Here the counselor helps start the desired change in behavior. The talk must eventually stop and the action begin. If there is no change or action, the counseling is incomplete. Because initiating is such an important phase, three chapters of this guide are dedicated to it.

The client selected a general goal in the last phase, but the goal was then not fully defined. Here in this phase, the goal will be defined in such a way that there can be no doubt about its accomplishment or lack of accomplishment (5b, 5c).

Once the goal is defined, the problem-solving model calls for the generating and examining of alternative ways to reach the goal. These alternatives have to be relevant to the goal.

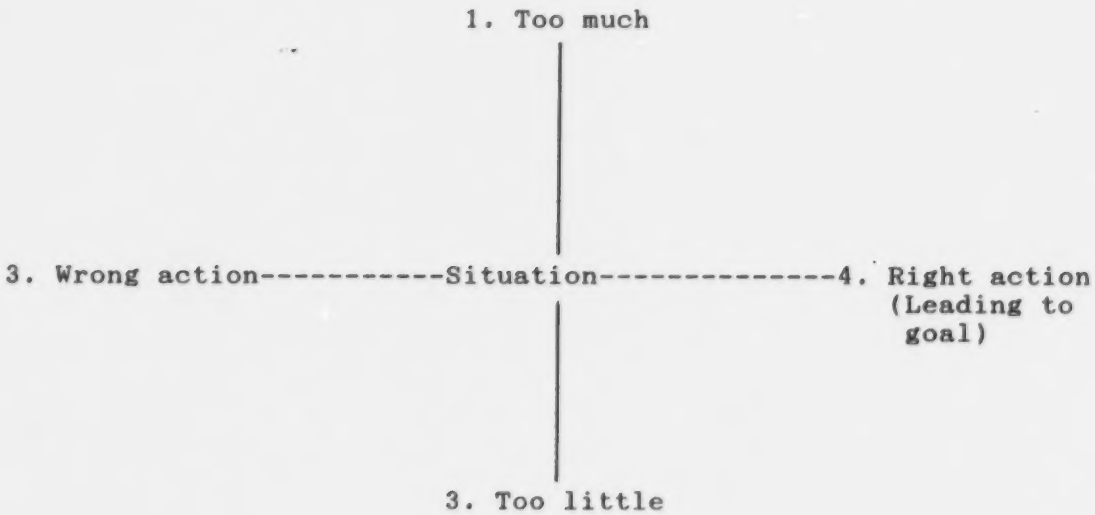
The selection of the best alternative depends to a large extent on the values of the client. It would be unwise to select an otherwise fitting alternative that clashes with the client's values. Only after the alternatives are analyzed in light of the client's values can the most appropriate alternative be selected (5d, 5e).

Most goals cannot be reached in one big step. Thus the goal and proposed action is broken down into a number of steps that can be more easily mastered (6a,b). For each step, there are

goal-posts that help the client measure his progress along the way.

Up to now, the talk about goals, alternatives and steps dealt in the area of planning. Planning alone is not good enough. It is time to take the appropriate steps and to implement and monitor the steps (7a,b).

The following action options are open in every situation:



5b. INITIATING STEPS

Client	Counselor
7. TAKING STEPS a. Develop procedure outline b. Repeat action 6x+ c. Rehearse d. Review e. Schedule and act f. Rewrite plan as needed	a. Inform, explain, apply b. Reinforce with reward or punishment
6. PRIMARY STEPS a. Define the first step b. Define the last step c. Develop in-between steps d. Add steps if steps are too high	a. ask if client can master the steps b. Before think-steps, deal with facts c. During think-steps, deal with concepts d. After think-steps, deal with principles
5. CHOOSE ALTERNATIVE a. Deal with the method "how" b. Select on basis of goal and values	a. Check that good alternatives are not overlooked b. Brainstorm
5. DEVELOP VALUES a. Use value scale/weight	a. Use 5WH

5. DEFINE GOALS

a. Goals must be
meaningful (relevant)
measurable (time/amount)
realistic (90% chance of success)

5c. GOAL DEFINITION WORKSHEET

1. The goal is_____

_____

_____

The goal, defined in parts, is:

2. By when_____
3. Under what condition (given)_____

_____

_____

4. Will (do what)_____
5. With what result _____

_____

6. At what level_____
7. By what standard _____

_____

Sample:

By March 1, 1999,

Joe Blow

given the planned support

will abstain

from alcoholic beverages

fully

as verified by his superior.

EXTRA EXERCISE: Check and note if the above and 10 other examples of goal statements are stated as behaviors that are controlled by the client. If they are not, revise them.

5d. VALUE WORKSHEET

Value:_____

Definition:_____

Scale: 2 points highest ++, 1 point High +, 0 point Average +-, -1 point Low -, -2 points Very low --

---

ALTERNATIVES							
Values	(Weight) *	Scale	(Product)	Scale	(Product)	Scale	(Product)
_____	( ) x	_____	( )	_____	( )	_____	( )
_____	( ) x	_____	( )	_____	( )	_____	( )
_____	( ) x	_____	( )	_____	( )	_____	( )
_____	( ) x	_____	( )	_____	( )	_____	( )
_____	( ) x	_____	( )	_____	( )	_____	( )
Total		_____		_____		_____	

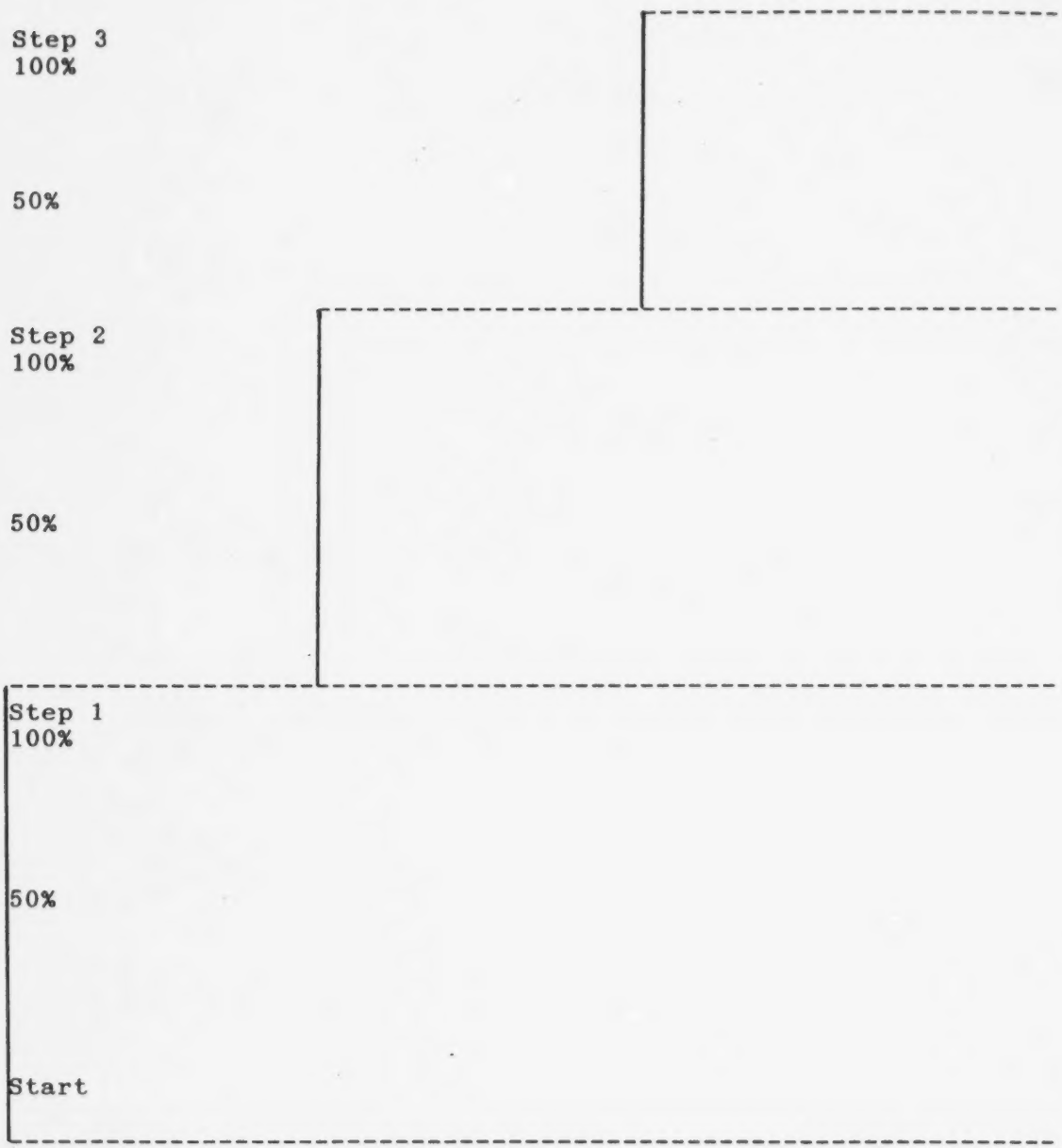
* on 1-10 point scale for valuing the importance (10 = highest)

5e. BALANCE WORKSHEET

UPON MAKING THIS DECISION, I HAVE THE FOLLOWING

	GAINS		LOSSES	
	Factor	Reason	Factor	Reason
Self				
Family				
Society				

6a. STEPS



1st period	2nd period	3rd period
Dates_____	_____	_____
Revised Dates_____	_____	_____

6b. INITIATING STEPS WORKSHEET

1. Underline the words or phrases that are measurable behaviors:

   Write a letter, try longer, walk 5 miles, eat more,
   be kind, plan for the future, drink water, drink 5 glasses
   of water daily, meditate for 1 hour, be persistent,
   feel comfortable, sleep 8 hours, rest, abstain from alcohol,
   Write the meaning of 5WH, sick, rewrite a letter.

2. Goal_____

   _____

   Step 1 sub-goal_____

   _____

   Method_____

   _____

   Step 2 sub-goal_____

   _____

   Method_____

   _____

   Step 3 sub-goal_____

   _____

   Method_____

   _____

3. Evaluation and quality assurance_____

   _____

   _____

7a. ACTION SCHEDULE WORKSHEET

1. Daily journal attached.

2. Checksheet of related activities attached.

3. Calendar of utilization (7b) attached.

4. Schedule of activities and appointments attached.
   Include as many sub-steps as needed to reach the next step.

5. For each step, list any questions that you may have
   a. before the step
   b. during the step
   c. after the step.

6. Positive reinforcer_____

   Negative reinforcer_____

   (In this exercise, underline the positive reinforcers:
   free trip to Mexico, washing dishes, buy a suit, grounded,
   getting an A, no desserts for a month, no supper, a sundae)

7. 1st week self-evaluation_____

   _____

   1st week comments by main support person_____

   _____

   _____

   1st week client's response to above comments_____

   _____

8. 2nd week as above.

9. 3+weeks as above.

ADDITIONAL EXERCISES:

1. CASE: "I cannot go on any longer like this. I am so angry
   I could scream. I will get even with him somehow. If not
   today, then tomorrow. Nobody can stop me."

   Review all the skills you learned and write out suggested
   responses as per the Counseling Plan and Checklist 1h.

2. Take a situation in your life and respond as above.

7b. CALENDAR OF UTILIZATION

Utilization of:	Months 1,2	3,4	5,6	7,8	9,10	11,12
1. Counselor						
2. Step plan						
3. Individual support						
4. Group support						
5. Higher power						
6. Dietary support						
7. Physical exercises						
8. Relaxation exercises						
9. Problem-solving						
10. Family/social activity						

8a. FEEDBACK AND RECYCLING

Counseling is not a process that ends and is complete with the conclusion of the last session. The problem-solving process continues, as old problems raise their ugly heads, and as new problems arise.

Two types of feedbacks may be considered.

1. Feedback within the problem-solving cycle, called recycling. In counseling, clients often reach a level beyond which they do not advance. No amount of work seems to help. In that case, it often seems best to back up and start over again at a lower level. The impasse may be caused by a weakness or unreality at a lower level that showed up only later. In these cases, a recycling of the earlier stages is appropriate. The Recycling Worksheet (8b) provides a structure for that process.

2. Feedback of the client as to the helpfulness of the counseling. The greater the trust level between client and counselor, the greater the potential for counseling effectiveness. As the formal counseling sessions come to an end, the counselor can learn much from the client as to the level of helpfulness of the counseling process. A form for this is provided in 8c.

8b. RECYCLING WORKSHEET

To be used when the current phase of counseling is unproductive.

1. Case or critical incident_____

_____

_____

_____

2. Phases taken care of in the case. Check and give evidence.

ATTENDING ____ _____

RESPONDING
Situation ____ _____

Meaning ____ _____

Feeling ____ _____

Reason/F ____ _____

PERSONALIZING
Meaning ____ _____

Problem ____ _____

Feeling ____ _____

Goal ____ _____

INITIATING
Goal Defin ____ _____

Choose Alt ____ _____

Steps ____ _____

Action ____ _____

3. Recommended response_____

_____

4. Classification and reason for 3_____

_____

5. Recovery response (if first fails, like, TAKE TWO, say it an other way)_____
6. Evaluator's comments on other page.

8c. CLIENT'S FEEDBACK TO COUNSELING

1. Helpfulness of the counseling. Circle the best answer:

   a. Most helpful
   b. Very helpful
   c. Somewhat helpful
   d. Not helpful

2. Evaluation of the counselor's responses. Circle the number that agrees best with the evidence at hand.

a. Clear.....	5	4	3	2	1	.....Unclear
b. Precise.....	5	4	3	2	1	.....Imprecise
c. Specific.....	5	4	3	2	1	.....Vague
d. Accurate.....	5	4	3	2	1	.....Inaccurate
e. Relevant.....	5	4	3	2	1	.....Irrelevant
f. Consistent.....	5	4	3	2	1	.....Inconsistent
g. Logical.....	5	4	3	2	1	.....Illogical
h. Deep.....	5	4	3	2	1	.....Superficial
i. Complete.....	5	4	3	2	1	.....Incomplete
j. Significant.....	5	4	3	2	1	.....Trivial
k. Adequate.....	5	4	3	2	1	.....Inadequate
l. Fair.....	5	4	3	2	1	.....Prejudiced

   Average_____

3. General evaluation:

   a. Strengths_____

   _____

   b. Weaknesses_____

   _____

5. Changes, deletions, and additions suggested for possible future sessions:

   _____

   _____

9. COUNSELING SKILLS REVIEW

The counseling process, as presented in this volume, consists of four major steps, each of which has four sub-steps. The counselor and the client move together through the initial relationship to the implementation of actions designed to solve the stated problem. The emphasis is on the client and on his solving of his problem; the counselor is the helper. The counselor cannot force, bully, or pressure the client to help himself. In the counseling process, the client learns new skills and insights that help him or her act in ways that overcomes the problem.

The Counseling Plan and Checklist (1h) forms the basis of this review.

PART II. COUNSELING PERSPECTIVES

10. INTRODUCTION TO COUNSELING PERSPECTIVES

Counseling is more than a technical skill. Counseling requires a broad understanding of human nature and social relations. The second part of this volume sheds light on some of these areas. This introduction includes discussions on intercultural sensitivity, Socratic questioning, and relapse prevention.

INTERCULTURAL SENSITIVITY

Mary was sitting in a counseling class made up of all Koreans. As she looked around, she felt at home, because her classmates seemed friendly and there was no strange face. "We are all from one culture," she said to herself.

The first assignment in the class called for each student to write out and then to discuss his or her background. From the information given by each student, the instructor made a list on the blackboard: gender, foreign birth, native of island, religion, age, marital status...

"Well, it appears that we have at least six cultures represented in this class," commented the instructor.

This was a new thought to Mary. But as the instructor continued, she realized that there were indeed big differences between her thinking and that of her boy-friend Tim, her Korean-American cousin Peter, her friend Julie from Cheju-do, her grandfather, and her married boss.

When Mary tried to explain some of the intercultural concepts to her friend Tim, he answered: "I don't see any big difference between the way I think and the way you think." He DENIED that there were basic differences, because he really did not

understand women. Mary felt somewhat isolated as a female and found understanding from her sister, Jane.

When Mary talked to Peter, she found that he had a ready defense against the difference in cultures: "We Korean-Americans have had a lot more opportunities, and therefore we have developed a somewhat superior culture to that of the Korean village people." That was a REVERSAL DEFENSE against differences.

Julie on the other hand liked to MINIMIZE the difference: "We from Cheji-do may have somewhat different customs and some of us talk a different dialect, but you know, all Koreans are basically the same."

"My friends and I are different from Mary and from this young generation. We grew up under the Japanese..." Grandfather readily accepted and appreciated the cultural differences in behavior and values that he saw around him. He ACCEPTED the differences as reality and did not argue against them.

Mary's boss was in international business and dealt with foreigners: "I try to communicate with other cultures and people and I try to understand the way they think. When I do this, I have to give up thinking as a Korean for a short time and try to put myself in the other person's shoes. That is difficult." He was ADAPTING to the differences.

Jane had learned to live with grandfather. "Grandfather is different, but I like him the way he is. He keeps his ways, and I keep mine. But I appreciate him, and he appreciates me. Often it seems as if we live in different worlds, but we emphasize our common bond and thus get along well." Jane by now was bi-

cultural, she could live in her young culture and in her grandfather's. She had INTEGRATED cultural differences.

Milton J. Bennet, the originator of this theory, called the first three stages ethnocentric and the last three ethnorelative. In her course, Mary was developing intercultural sensitivity.

SOCRATIC QUESTIONING

Bill liked to say that his university education was superior to that of most others.

Bill's professor liked to use Socratic questioning to better understand his students. Thus he used four types of questions, some dealing with SOURCE, others with SUPPORT, a few with CONFLICTS and finally two or three with IMPLICATIONS.

Here are some of the questions. First, questions about SOURCES.

"What makes you say that your university education is superior to that of most others?"

"Have you always thought that?"

"When did you come to that conclusion?"

The second line of questions dealss with SUPPORT and REASONS for the first assertion:

"Why do you think that your university education is superior to that of others?"

"How do you know that your university education is superior to that of most others?"

"How could you determine if your university education is superior to that of most others?"

"Do most people think that their university education is

superior to that of others? Why?"

"Do certain people choose to get a superior university education, or does it just come their way?"

The third type of questions deals with CONFLICTING VIEWS that may be expressed about the assertion.

"What would you say to somebody who states that your university education is not superior to that of most others?"

"You are not able to solve complex problems in your area. How do you explain this?"

"Could there be other reasons why you do superior work in some areas, rather than your university education?"

The last type of questions deals with IMPLICATIONS that the assertion raises:

"Does this mean that many people get an inferior university education?"

"If you have gotten a superior university education, then should those who get an inferior education get the same type of job and salary as those who got a superior education?"

"How can the other students also get a superior university education?"

"What makes some people get a superior university education, and others an inferior one?"

"Did you get a superior university education because you are smarter?"

"Does your superior university education make a difference? How does it make a difference?"

A simple statement can generate many questions. And from the questions, it can be seen, that some are not easily answered and

defended. Good questioning keeps people honest and straight.

RELAPSE PREVENTION

Cliff's biggest problem was not what he learned, but what he forgot. But it was more than just forgetting. "I start each year with good resolutions to stop drinking (or whatever it is). But by the middle of January I am back to where I started from." Cliff relapsed into his old ways. Is there such a thing as RELAPSE PREVENTION?

This was Cliff's story every January: "I get these crazy thoughts. Then my feelings run away on me. I am all stressed out and pretty soon I deny that I have a problem. I get the blues and very soon I know what my remedy is. I am back to where I started from."

Relapse prevention, according to Terence T. Gorski and Merlene Miller (1986) consists of nine steps:

Stabilization. "I determine to get control of my life and of my behavior."

Assessment: "Let me figure out what causes these relapses that get me into trouble."

Education: "I must learn about relapse and relapse prevention."

Identifying Warning Signs: "I am learning to notice the signs that tell me that I am in trouble and that I will relapse."

Managements of Warnings: "I cannot ignore the warning signs. I must take definite steps to prevent and stop the warning signs."

Inventory: "I will take a written inventory mornings and

each noon in order to catch any problems early and correct the problem before I lose control."

Review: "I review my program twice a week on Sunday and Wednesday nights to see if I stay on course and if I overcome the warning signs."

Support: "I cannot do it alone. So I ask a friend to review my inventory with me and to make sure that I keep honest in my inventory. And I pray."

Reinforcement: "I revise my warning signs monthly and update my whole relapse prevention program."

There were many things that may contribute to Cliff's relapses: tunnel vision, self-pity, confusion, scapegoating, indecision, fatigue, unreasonable resentments, defensiveness, general fear, loss of faith, mood swings, isolation, health problems, and an I don't-care attitude.

Somehow Cliff was learning to deal with these and other problems that triggered his relapse. They were the signs before the signs. "It is not easy, by we'll get it under control."

Relapses did not spring on Cliff without due warnings. And he was learning to read the warning signs and heed them.

Cliff was learning that he was relapsing because of his mismanagement of some pain. His action gave him immediate pleasure and satisfaction, but it also gave him future pain. Thus the cycle went on. Cliff had to break the cycle. That meant to forgo what seems like some pleasure. The reward of that was the absence of some future pain. It was a trade-off. A good trade-off.

11a. CLINICAL CODE OF ETHICS

Counseling can do much good or great harm. To avoid harm, various professional groups in counseling have developed codes of ethics that are to guide the practice of counseling.

The Clinical Code of Ethics of the Department of the Army, Academy of Health Sciences, Alcohol and Drug Abuse Prevention and Control Program, is presented on the next page (11b). This code of ethics consists of four main parts:

Goal:	to assist clients in recovery (Part 1)
Respect for:	clients (3)
	peers (5)
	policies (8)
Maintenance of:	records (2)
	non-discrimination (4)
	professional growth (6)
	nonabuse of drugs (9)
Consulting with:	other health professionals when needed (7)

A counselor is a human service professional, who needs to keep his or her ultimate goal in view. An alcohol abuse counselor, for example, has a very specific assignment. And that assignment needs to be fulfilled. There is limited time and money and thus all efforts need to be effective. If clients fail to recover and maintain their recovery from alcohol abuse, the counselor's work is not satisfactory. The clinical code of ethics, in a way, outlines the very minimal basics of the profession (11c).

Alcohol and Drug Abuse Prevention and Control Program
Clinical Certification Program

Clinical Code of Ethics

As a clinical director or counselor in the United States Army Alcohol and Drug Abuse Prevention and Control Program, I pledge to observe the following Code of Ethics:

1. My primary goal shall be to support Army readiness by assisting clients in their recovery from the effects of alcohol and drug abuse. I shall dedicate my efforts to helping clients return to full effective duty or job performance and to regain their human dignity.

2. I shall maintain client records in a professional and objective manner, respecting the confidentiality of all records, material, and communications, concerning clients in accordance with current Army regulations.

3. I shall demonstrate respect for the client through the maintenance of a professional, objective relationship at all times.

4. I shall not discriminate among clients or professionals on the basis of race, color, creed, age, gender, religion, physical or mental handicap.

5. I shall respect the rights and opinions of commanders, clinical directors, alcohol and drug abuse counselors, and other professionals.

6. I shall take personal responsibility for my continued professional growth by furthering my education and training.

7. I shall provide the highest quality care possible through personal effort, recognizing when it is in the client's best interest to call upon other health professionals or services for assistance and when it is best to release the client to another individual or program.

8. I shall respect the policies and mission of the Department of the Army and the Alcohol and Drug Abuse Prevention and Control Program. I shall take the initiative to improve institutional policies and management functions following proper channels.

9. I shall be moderate or abstinent in my use of alcohol. I shall not engage in abuse or misuse of drugs.

10. I understand that a violation of the ADAPCP Code of Ethics can result in revocation, denial, or suspension of my certification.

11c. ETHICS WORKSHEET

Area	Date used last	Description of usage
Goal	_____	_____
		_____
Respect client	_____	_____
		_____
Respect peer	_____	_____
		_____
Respect policies	_____	_____
		_____
Records	_____	_____
		_____
Non-discrimination	_____	_____
		_____
Prof. growth	_____	_____
		_____
Nonabuse of drugs	_____	_____
		_____
Consulting	_____	_____
		_____

12a. INTERCULTURAL SENSITIVITY

As people migrate and travel, the world seems to be getting more multicultural. In many places, people of various ethnic origins, races, religions, nationalities and backgrounds live and work side by side. The cultural differences between males and females and between the old and the young have always been present, but often not acknowledged.

Cultural sensitivity requires a knowledge of other cultures and ethnic groups. This can be acquired, among others, through reading, formal study, viewing television and videos, and travel. But knowledge is not enough. Many very culturally knowledgeable people are intercultural insensitive.

A person has to become aware of his own culture and his place among other cultures. That is often not easy. There are hidden prejudices and denial of problems. At issue here is not who is better, but just a realization and acceptance of the differences.

This newfound self-awareness, when appropriate, then should lead to attitude changes. Intercultural sensitivity is marked with tolerance, patience, respect and support.

Finally, there is a comfortable immersion into the sea of humanity and cultures. "People are different, and so am I."

Intercultural counseling considerations for blacks, Chicanos, Asians and whites are presented in 12b and worksheet 12c. Minorities generally have a low success-rate in counseling possibly due to the counselor's insensitivity to cultural differences.

12b. INTERCULTURAL CONSIDERATIONS

Races	Blacks	Chicanos	Asian	White
Consider themselves strong people	yes	no	no	no
Ability to express weakness	limited	limited	limited	high
Seeks help	no	no	no	yes
Self-disclosure	no	no	no	yes
Distrustful	yes	yes	yes	no
Focus	status	status	achieve	achieve
Importance of education	high	limited	high	high
Orientation	person	person	task	task
Other				

Note: Consider also individual differences, male/female differences, national differences, and age-related differences.

12c. INTERCULTURAL SENSITIVITY WORKSHEET

Instruction: Analyze the relationship between two people of two different cultures.

1. Description of person A_____

_____

_____

2. Description of person B_____

_____

_____

3. Common cultural elements_____

_____

_____

4. Different non-conflicting elements_____

_____

_____

5. Different conflicting elements_____

_____

6. Conflict management strategies_____

_____

_____

7. Denial in relationship?_____

8. Defenses in relationship?_____

9. Minimization in relationship?_____

10. Acceptance of differences?_____

11. Adaptation to differences?_____

12. Integration?_____

13a. ANTI-COUNSELING

Counselor trainees have developed a number of approaches to train counselors. One of these is anti-counseling (13b). Three people take part in an anti-counseling training session, namely the client, the counselor, and the anti-counselor. The anti-counselor may act as a real person or as a "ghost" or inner voice, opposing and sabotaging what the counselor says. The anti-counselor reinforces the negative thoughts that the client may have and thus forces the counselor to be very honest and skilled. The anti-counselor will emphasize any weaknesses that the counselor displays. In spite of all this, the counselor needs to go on with his attending, responding, personalizing and initiating. But because of the anti-counselor, it is hoped that he will do it more skillfully.

Pro-counseling is another similar training method. Here the third party does not oppose, but rather supports the counselor.

Another training method is the interpreter. The interpreter will interpret or restate all that the counselor says. The interpreter learns to explain and rephrase.

At times, a second counselor, or co-counselor, who is more skilled in a particular area or situation, may be brought in. Thus there are two counselors that work with the one client. In the quartet, there may be a friend of the client also present, making a group of four.

Another variation is Alter Ego, where the co- counselor sits behind the client and speaks for him or her and the client corrects the co-counselor as needed (Edwards 1990).

13b. ANTI-COUNSELING WORKSHEET

1. Case_____

2. Recommended counseling response_____

3. Anti-counseling response_____

4. Pro-counseling response_____

5. Interpreting response_____

6. Co-counseling response_____

14a. MAPPING

Mapping enables clients and counselors to construct together a visual representation of the client's relationships, situations, feelings, problems, goals, steps, and corrective actions. It helps clarify relationships, assures greater depth of understanding, pinpoints misunderstandings, and encourages creativity.

Mapping can take many forms, like outlining, charting, semantic webs, concept maps, and relationship maps. Outlines list the main points and subordinate points. Charts, such as organizational or family charts, list the main person in the organization and show the relationships by means of lines and other graphics. Somatic webs start with a central concept and describe it by means of surrounding descriptors. Concept and relationship maps use elements of all the other mapping methods and other additional creative ones to portray a concept or relationship.

A number of mapping methods may be useful in counseling:

1. Think, Map and Pair: Both the client and the counselor take five minutes to think and draw, what they see, are the relationships, for example, between the client and his significant others. Then each shares his or her map and in the following discussion, both are corrected to correspond to reality.

2. PMI (DeBono, 1982): P stands for the plus or good points of a situation. M stands for the minus or bad points of a situation. and I stands for the interesting points that are neither good or bad. The client may be asked to draw a map that presents the PMI and their relationships. In the following discussion, corrections

may be made to conform to the situation.

3. Compare and Contrast Mapping: Draw two overlapping circles. In one, list the descriptors of one person or concept, in the other those of another person or concept. In the overlapping area, list the similarities that unite the two persons or concepts.

4. Cause and Effect Mapping: Draw a circle for cause, another for effect. Around the first circle, list all the causes, around the second, all the effects.

5. Life-Areas Maps : Complete the maps on the following pages and consider the noted implications. One useful way is to work an example through with the help of overheads.

14b. MAPPING WORKSHEET

1. Case_____

_____

_____

2. Select type of mapping_____

3. Select mapping method_____

4. Map the case on the other side of this page.

14c. LIFE-AREAS MAPS: Legend

1. Personal Mapping:

Male

Female

Male, central person

Female with mental disorder or major personal problem

Age.....49

Stage in moral development
- Avoidance of pain.....A
- Benefits.....B
- Conformity.....C
- Duty.....D
- Ethical principles....E

Highest education
- ELementary, High School
- AA, BA, MA, PHD, etc.

2. Social Mapping

Father

Mother

Female supervisor, co-worker, friend, etc.

Male with larger influence (larger square)

3. Spiritual Mapping:

Higher power

Higher power guided male

Lower power

Lower power guided female

4. Relationships

Minimal connection

Normal connection

Heavy connection

Enmeshed connection

Unacknowledged conflict

Mild conflict

Moderate conflict

Severe conflict

Unknown relationship

Healthy boundary

Ten-year Time-line:

Purposeful development

Crisis

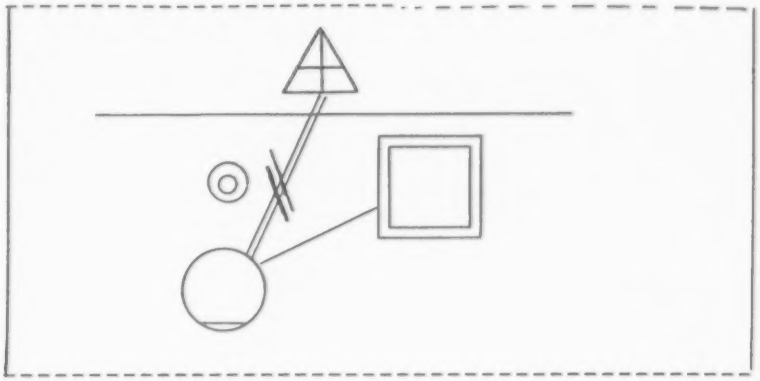
Stalled or changed life-purpose

Major problem

14d. LIFE-AREAS MAPS: 3-Dimensional Maps

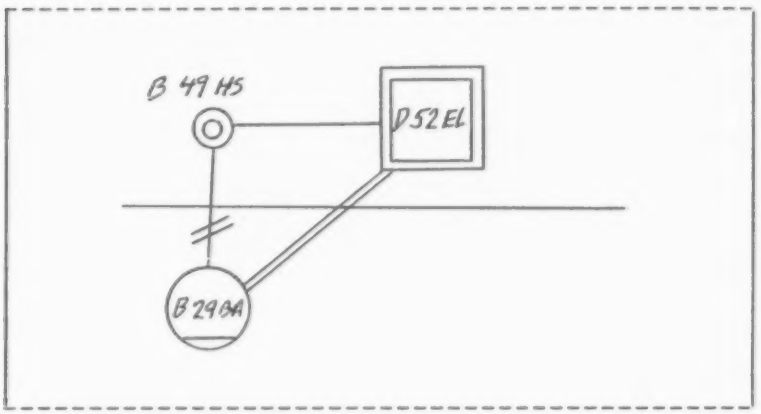
3rd-dimension:

Positive Spiritual Relationships with Higher Power and Others.



2nd-dimension:

Social Relationship with Significant Others.



1st-dimension:

Personal Status and Characteristics.

3rd-dimension:
Negative Spiritual Relationship.
Dealing with Lower Power and Others.

14e. LIFE-AREAS MAPS: Annual Objectives

Directions: Complete the blanks as if the sentences would start with:
BY THE END OF THE YEAR (OR ANY 12 MONTH PERIOD), GIVEN THE PRESENT OR SPECIFIED NEW CIRCUMSTANCES. I WILL_____
ON THE_____LEVEL BY _____STANDARDS.

Life Area	Objective	Evaluation: reached 25%	50%	75%	100%
Mental/ Educational					
Physical/ Health					
Spiritual/ Religious					
Social/ Family					
Economic/ Financial					
Vocational/ Job					

14f. LIFE-AREAS MAPS: Ten-Year Time-Line, 1st page.

Direction: Complete form for any past or future ten-year period.

Year	Map	Year of__	Education	Health	Location Travel
19__					

14g. LIFE-AREAS MAPS: Ten-year Time-line, 2nd page.

Year	Family Changes	Social Changes	Financial Assets	Occupation
19__				

15a. FAMILY INVOLVEMENT

Very few people live their lives totally to themselves. All have mothers and fathers, and most people have some sense of family in the past and the present. The technical term that is often for people that influence an individual is significant others. This may, but must not include family members, spouses, children, friends, enemies, and fellow-workers. For this purpose, the term family will be used in this larger loose group.

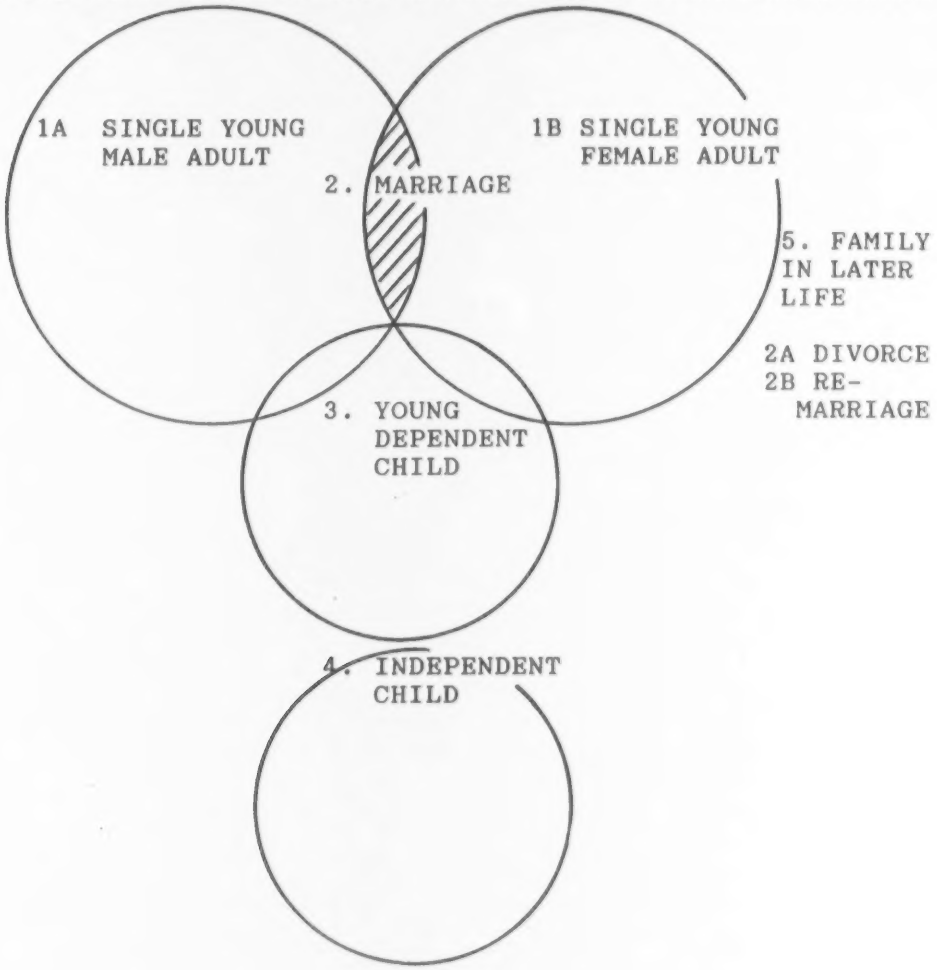
Most problems involve or effect relationships. Thus counseling should not be carried on in a vacuum, it must involve this larger family in person or at least in consideration. Some schools of psychology state that most problems have their roots in the past or in the early family relationships. Without doubt, people are the product of both heredity and their environment.

In counseling, the client must face up to his relationships, especially family relationships, in order that the present situation may be clearly described. There has to be a clear and host starting line. The other players that effect the counseling process need to be identified and described (15b).

Thus, when possible, family members and significant others should be brought into the counseling relationship. If this is not possible, the relationships may be dealt with through mapping, discussion, letters or client journals (15c).

Family members need to be considered in the assessing of the situation, the feelings that the client expresses, the statement of the problem, and the development of goals and steps. Often, they themselves may need counseling as co-dependents.

15b. FAMILY STAGES



15c. FAMILY WORKSHEET

1. Map the family on a blank page.

2. Show the relationships on the map.

3. The family helps/hinders the situation by_____

_____

4. List the feelings that the client has regarding each significant other.

5. Family members support/weaken the goal by_____

_____

6. Family members will be involved as step and action supporters_

by_____

7. Relationship Manager

   a. Past feelings of others_____, yours_____

   b. Past responses _____ _____

   c. Past helpfulness
      (Scale 1-5, 5= best) _____ _____

   d. Desired changes in feelings_____ _____

   e. Desired changes in response_____ _____

   f. Desired changes in helpfulness_____ _____

   g. Steps to achieve desired feelings _____

   h. Steps to achieve desired response _____

   i. Steps to achieve desired helpfulness _____

16a. RATIONAL EMOTIVE THERAPY

Epictetus said that men are disturbed not by things, but by the view which they take of them. Thus, it is not the event, but the interpretation of the event, that causes an individual's emotional reaction.

Rational Emotive Therapy (Ellis, 1977) to some is as simple as ABCDE. It looks at activating events (A), consequences (C), and the beliefs (B), that influenced the consequences. Then there are the disputes (D) for each irrational belief and the effective (E) rational beliefs that replace the irrational ones. Without doubt, the basic theory is not complex. Rational Emotive Therapy helps the counselor replace irrational beliefs with rational ones in the hope that rational beliefs will lead to rational action.

A. ACTIVATING EVENT

B. BELIEF

C. CONSEQUENCE

D. DISPUTES

An example follows:

A. I failed my test.

C. I am angry.

B. I am stupid.

D. What is the evidence that I am stupid? Who said so?

E. I did not study and thus could not perform well.

When a counselor responds to the reasons for the feelings,

he practices an aspect of Rational Emotive Therapy. If the feelings are valid, the counseling can progress, if they are not, they need to be corrected.

Rational language include such terms as could, wish, want, seldom, usually, often, and in my opinion. Terms such as should, need and have to are appropriate in goal statements, not in ordinary descriptions. Terms such as can't, never, and always may be considered irrational. The provide no choice.

A worksheet for R.E.T is presented in 16b.

16b. RATIONAL EMOTIVE THERAPY WORKSHEET

1. Case_____

_____

_____

_____

2. Activating event_____

3. Consequence_____

4. Belief_____

5. Dispute of belief_____

6. Effective rational belief_____

17a. SOCRATIC QUESTIONING

In counseling, both the client and the counselor try to find answers to many questions. Usually, the counselor does not try to subject the client to a series of questions, but rather obtain the answers in a more indirect way, such as encouraging the client to talk about the situation at hand. But at times, questioning is in order and the only way to have the client face his problems (17b).

A discussion on questioning and examples were presented in the introduction to Part II of this volume.

Some sample opening questions are: "What is going on with you? Would you tell me how you feel today? What would you like to talk about?"

17b. QUESTIONING WORKSHEET

1. Write the case out on the back side of this page.
2. Appropriate source question_____

   _____
3. Appropriate assumption question_____

   _____
4. Appropriate evidence question_____

   _____
5. Appropriate reason question_____

   _____
6. Appropriate conflict question_____

   _____
7. Appropriate consequence question_____

   _____

18a. RELAPSE PREVENTION

In the long term, only the counseling that prevents relapses is effective. Short-term changes may or may not impact long-term behavior.

A discussion on relapse prevention is presented in the introduction to Part II. Here, an outline of important points is presented. (Gorski and Miller, 1986)

To prevent relapses, especially in alcohol and drug abuse, it is recommended that the following be avoided: cross-addiction to other drugs/behaviors, including caffeine, and compulsive behaviors such as overeating, gambling, over-work, over-exercise, thrill seeking, escape, and over-spending.

The ten steps in the Post Acute Withdrawal Syndrome, PAW, are: denial, defensive behavior, crisis building, immobilization, confusion, depression, loss of control, recognition of loss of control, option reduction, and lastly, relapse.

According to Gorskki and Miller, the nine steps in relapse prevention are:

1. Stabilization
2. Self-assessment
3. Relapse education
4. Warning sign identification
5. Warning sign management
6. Inventory training
7. Review of recovery program
8. Involvement of significant others
9. Follow-up.

The relevant worksheets deal with Warning Signs (8b), Relapse and Goal Calendars (8c and d) and the Relapse Prevention Summary Worksheet (8e).

18b. RELAPSE WARNING SIGNS INVENTORY

	Date Time	Person involved	Situation	Missing skills
No time for relaxing				
Tired of_____				
Burned out				
Denial of_____				
Can not say NO				
Trapped by_____				
Sleeping problem				
Marriage problem				
Job problem				
Interpersonal problem				
Time management problem				
Anger at_____				
Guilt of_____				
Shame of_____				
Hidden feeling of_____				
Resentment of_____				

18c. RELAPSE CALENDAR

MONTHS SINCE COMPLETING COUNSELING PROGRAM

	1	2	3	4	5	6
1. Amount of alcohol consumed						
2. Number of instances of successful control						
3. Number of instances of unsuccessful control						
4. Hours spend on staying sober						
5. Major role obligations						
6. Major social actions						
7. Major occupational actions						
8. Major recreational actions						
9. Social problems						
10. Psychological problems						
11. Physical problems						
12. Level of stress tolerance						
13. Withdrawal symptoms						
14. Level of coping skills						

18d. GOAL CALENDAR OF YEAR

Month	Mapping *	Personal functions 1=low function/ high effort 5=hi function/ low effort	Triggers that initiate goal violation	Steps to return to goal track

* ¦ = achievement = danger zone, O = goal violation

18e. RELAPSE PREVENTION SUMMARY WORKSHEET

1. In order to stabilize my thoughts, emotions and behavior, I

_____

_____

2. My relapses are caused by_____

_____

3. To prevent relapses, I want to learn to_____

_____

4. My relapse warning signs are_____

_____

5. I manage my relapse warning signs by:

Sign	Check	Alternative 1,	Check	Alternative 2,	Check	Alter 3
_____	___	_____	___	_____	___	_____
_____	___	_____	___	_____	___	_____
_____	___	_____	___	_____	___	_____
_____	___	_____	___	_____	___	_____
_____	___	_____	___	_____	___	_____

6. I practiced the new behavior _____ times on_____

_____

7. I reviewed my prevention program by _____

_____

8. My support team is_____

_____

They support me by_____

_____

9. My prevention program has been revised on_____

My recovery has become a habit on_____
(If not a habit, start with section 1 again)

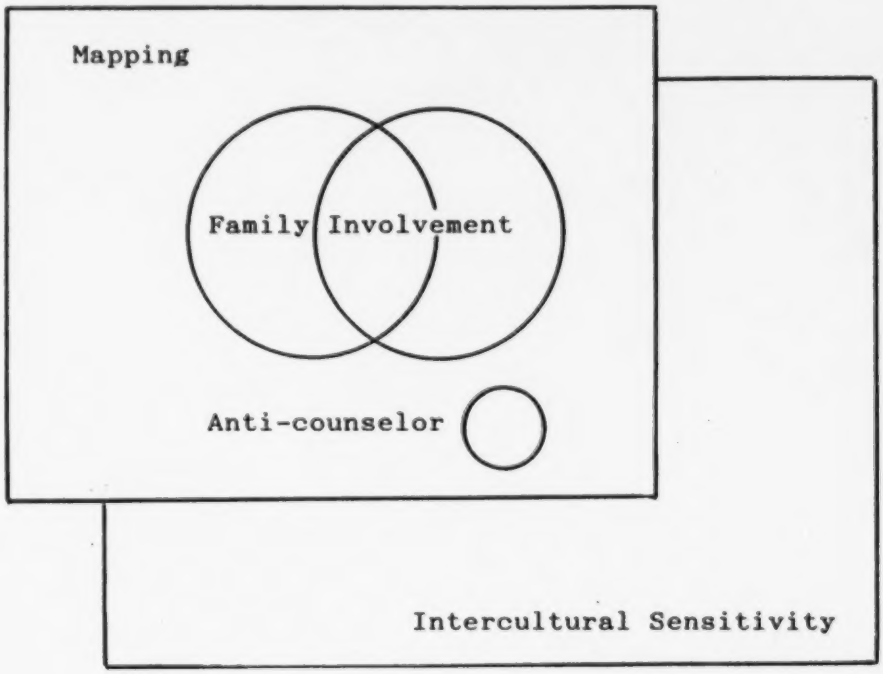
19. REVIEW

The eight counseling perspectives fit together into one general model. Each perspective plays an important part in the process of counseling. The model follows:

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Code of Ethics

Therapy (Rational Emotive, or other) A.....B...C



???? Socratic Questioning ????

Time: Relapse Prevention

PART III. COURSE AND LESSON PLANS

20. DESIGN FOR CRITICAL THINKING IN AN INTERCULTURAL ENVIRONMENT

LESSON	CRITICAL THINKING	INTERCULTURAL ENVIRONMENT
1.	a. Contrasting Medical-social approach b. Problem-solving	a. Considering inter-cultural life-areas b. People from different cultures
2.	a. Linking and interpreting b. Types of thinking and communication	a. Principles of inter-cultural relations b. Applications
3.	a. Cause-effect b. Reasons for feelings	a. Differences of meaning b. Cultural differences of predominant feelings
4.	a. Personal problem-solving b. Goal development	a. Problem perspectives b. Differences in goals
5.	a. Definition of goals b. Alternatives c. Value assessment d. Discrimination goal/loss	a. Intercultural values b. Alternatives
6.	a. Planning b. Sub-goals	a. Time allocations b. Thought/ action
7.	a. Socratic questioning b. Decision-making	a. Support b. Partners
8.	a. Evaluation b. Logical steps	a. Environment b. Local difficulties

21. COURSE PLAN for INDIVIDUAL COUNSELING 2 Graduate Semester Credits

---

COURSE DESCRIPTION: A workshop-type course in counseling skills with special emphasis on the mastery of attending, responding, personalizing and initiating skills in an intercultural setting. Trainees will be expected to use critical thinking and to function in a group and demonstrate counseling skills. The course meets the requirements of the US Army Academy of Health Sciences, ADAPCD program.

OBJECTIVE: By the end of the course, trainees will use various attending, responding, personalizing, and initiating skills under training conditions at a mastery level as judged according to the Counselor Plan and Check-list

RESOURCES: Textbooks

Carkhuff, Robert R., William A. Anthony. 1979. The Skills of Helping. Amherst, MA: Human Resource Development Press.

Carkhuff, Robert R. 1987. The Art of Helping VI. 6th Edition. Amherst, MA: Human Resource Development Press.

Carkhuff, Robert R. 1987. The Art of Helping VI. Student Workbook. Amherst, MA: Human Resource Development Press.

Klimes, Rudolf E. 1991. Help One. Folsom, CA: Pacifica Institute.

Other resources: see bibliography.

CLASS ACTIVITIES AND ASSIGNMENTS:
Classes will start with an introductory exercise and include illustrated lectures and trainee group work. Regular home assignments and an oral class report (map/use) are required.

MEASUREMENT OF LEARNING:
The competency level of the trainees will be evaluated by the following methods:

Pretest and post-tests
Home assignments
Self and peer evaluations of participation and role play
Trainer's evaluation of participation and role play.

TRAINER:

Rudolf E. Klimes, Ph.D., M.P.H.
Director, Behavioral Science Research Institute and
Professor of Education
Korean Sahmyook University, Seoul 139-742, Phone 972-3606.

22. COUNSELING COURSE SCHEDULE

Date	10.00- 12.00 Text and Workbook	13.00-14.45 Application, Reports, and Guests	15.00-16.00
____	The Model (Chapter 1) 1.0 Nonattending.	Clinical Code of Ethics (11)	
____	Attendance Skills (2) 1.5 Attending: Preparing, Positioning, Observing, Listening	Intercultural Counseling (12)	
____	Responding Skills (3) 2.0 R. to content 2.5 R. to feeling 3.0 R. to meaning Using confrontation	Anti-counseling (13)	
____	Personalizing Skills (4) 3.5 P. meaning 4.0 P. problem, feeling, goal	Mapping (14)	
____	Initiating Skills (5) 4.5 Defining goals. Alternatives Values Decision-making	Family Involvement (15)	
____	Initiating Skills (6) 4.5 Program to reach goal. Primary steps Secondary steps	Rational Emotive Therapy (16)	
____	Initiating Skills (7) 5.0 Initiating steps. Mastering steps Reinforcing steps Recycling steps	Socratic Questioning (17)	
____	The Model (8) Revisited. Lifelong learning	Relapse Prevention (18)	

Guest topics: Counseling with Standard Operating Procedures, Co-dependency, Learning Skills, Counseling for the 12 Steps, DSM IIIR, Case Study, Difficult Clients

22b. COURSE AND CLASS INFORMATION

I. Student Demographics

Male....._____%

Single....._____%

Average age....._____

Religion.....varied

Employment....._____

Years of schooling, average...._____

Major....._____

Courses taken in area....._____

Work experience.....100%

Student's aim in class....._____

Class size.....40+-

Small group size.....3

Maximum absences.....5%

Motivation level.....varied

Participation level.....high

Group comfort level.....varied

II. Time Allocations

Class sessions, 50 min.....40

Home assignments per class.....2 hours

Total time of study.....120 hours

College Credits, Semester.....2

Class time allocation:

- Lectures with audiovisuals...35%
- Guest lectures.....10%
- Focused discussions.....20%
- Small group work.....15%
- Individual reports in class..10%
- Individual work and tests....10%

23. LESSON PLAN 1.MODELS_____DATE/TIME_____

OBJECTIVE

Topic Question: WHAT IS COUNSELING? WHAT IS MISCOUNSELING?_____

I.__INTRODUCTION___	II.__MODEL_____	III.__EXERCISES_____
Obj.TO DESCRIBE C._	__TO EXPLAIN MODEL_	__TO USES CASES_____
TO WRITE PRE-TEST__	_____	_____
Level__1B_____	__2D_____	__3D_____

RESOURCES

Pages__WB 5-8_____	__SKILL 1-4,11-20__	_SKILL 5-10, WB 9-12__
AV__CHART__Word____	__TRANSPARENCIES___	__0_____ _____
Outline_1.C.PLAN___	1. MODEL_____	1.DROPOUT:JIMMY-HARRY_
2.INTRODUCTIONS____	2. PLAN-CHECK SHEET	2.FRIEND:KATHY-JOYCE__
3.PRE-TEST_____	3. 5 MODELS_____	3.C.TOPICS:3-3_____

ACTIVITIES

Attendance/Assignment____READ SKILL 1-60 (CHAPTERS 1,2), DO WB.__

Method__I, III_____	__II, III_____	__III, IV_____
?__WHAT DO YOU EXPECT	_LIKE WHAT SPORT___	__HOW DO YOU RATE_____
FROM THIS COURSE?__	_IS COUNSELING?____	_____INFLUENCE?_____
Time-20__C.Think_f_	__30____ __f_____	__70_____ __e_____

MEASUREMENT, Date

Type_____ Page_____	_____ _____	_____ _____
Diff.____ Time_____	_____ _____	_____ _____
? _____	_____	_____
_____	_____	_____
_____	_____	_____
Answer_____Points_	_____ __	_____ __

OBJECTIVE LEVEL 1-6:to describe/explain/use/outline/plan/evaluate
A-D: Avoid punishment/Benefit/Conform/Duty/Ethical principal.
RESOURCES: books/charts/transparencies/chalkboard/video/etc.
ACTIVITIES: I-lectures, II-AV, III-participation, IV-individual.
Critical Thinking: a-sources, b-assumptions, c-evidence-reason, d-contrast, e-consequences, f-integration.
MEASUREMENTS:True false/multiple choice/matching/short answ/essay

23. LESSON PLAN 2: ATTENDING SKILLS_____DATE/TIME_____

OBJECTIVE		
Topic Question____HOW DO YOU SIT, SEE, AND LISTEN?_____		
I.__INTRODUCTION___	II.PREPARE-POSITION	III.OBSERVE-LISTEN___
Obj.__TO UNDERSTAND	TO USE PREPARATION_	TO USE OBSERVATION +_
__NON-ATTENDING____	+ POSITIONING_____	_LISTENING_____
Level__2B_____	__3B_____	__3B_____
RESOURCES		
Pages___SKILL 32-35	__SKILL 36-42_____	SKILL 42-51,WB_____
AV__0_____Word____	__CHART_____ _____	__CHART_____ _____
Outline__CASE:_____	1.INFORM, ENCOURAGE	1. INFER:_ENERGY,FEEL_
__PLACEMENT 6, LINDA	SETTING 2. LEVEL___	_RELATIONSHIPS 2.TONE_
_____	ANGLE,INCLINE,EYE__	_EXPRESSION_____
ACTIVITIES		
Attendance/Assignment___READ SKILL 61-93, DO WB, 4 CASES -1h__		
Method__III_____	___III,IV_____	__III,IV_____
?__WHEN DO I NOT___	HOW CAN I PREPARE__	HOW CAN I OBSERVE +___
___ATTEND?_____	PLACE AND SELF?____	LISTEN?_____
Time_20__C.Think_d_	___40___ ___b_____	___60_____ ___c_____
MEASUREMENT, Date		
Type_____ Page_____	_____ _____	_____ _____
Diff.____ Time_____	_____ _____	_____ _____
? _____	_____	_____
_____	_____	_____
_____	_____	_____
Answer_____Points_	_____ __	_____ __

OBJECTIVE LEVEL 1-6:to describe/explain/use/outline/plan/evaluate
A-D: Avoid punishment/Benefit/Conform/Duty/Ethical principal.
RESOURCES: books/charts/transparencies/chalkboard/video/etc.
ACTIVITIES: I-lectures, II-AV, III-participation, IV-individual.
Critical Thinking: a-sources, b-assumptions, c-evidence-reason, d-contrast, e-consequences, f-integration.
MEASUREMENTS:True false/multiple choice/matching/short answ/essay

23. LESSON PLAN 3: RESPONDING SKILLS_____DATE/TIME_____

OBJECTIVE Topic Question___WHAT DO YOU SAY IN THE BEGINNING?_____		
I.__INTRODUCTION___	II.SITUATION-MEANING	III._FEELINGS_____
Obj._TO UNDERSTAND_	__TO USE APPROPRIATE	_TO USE APPROPRIATE__
_ BAD RESPONSES____	__RESPONSES_____	__RESPONSES_____
Level___2A_____	__3B_____	__3B_____
RESOURCES Pages_ SKILL 61-69_	__SKILL 69-74_____	SKILL 74-93, WB_____
AV__0_____Word____	__CHARTS_____ _____	__CHARTS_____ _____
Outline_____CASE___	"YOU'RE SAYING THAT"	"YOU FEE..."_____
_____	"YOU MEAN ..."_____	"YOU FEEL__BECAUSE..."
_____	_____	_____
ACTIVITIES Attendance/Assignment___READ SKILL 95-133, DO WB, 4 CASES -1h.		
Method__III_____	__III,IV_____	__III,IV_____
?__WHAT ARE WRONG__	_HOW CAN I RESPOND_	__HOW CAN I RESPOND___
___RESPONSES?_____	_TO THE SITUATION?_	__TO FEELINGS?_____
Time__20_C.Think_d_	__50____ ___e_____	____50_____ ___e_____
MEASUREMENT, Date Type_____ Page_____	_____ _____	_____ _____
Diff.____ Time_____	_____ _____	_____ _____
? _____	_____	_____
_____	_____	_____
_____	_____	_____
Answer_____Points_	_____ __	_____ __

OBJECTIVE LEVEL 1-6:to describe/explain/use/outline/plan/evaluate
A-D: Avoid punishment/Benefit/Conform/Duty/Ethical principal.
RESOURCES: books/charts/transparencies/chalkboard/video/etc.
ACTIVITIES: I-lectures, II-AV, III-participation, IV-individual.
Critical Thinking: a-sources, b-assumptions, c-evidence-reason, d-contrast, e-consequences, f-integration.
MEASUREMENTS:True false/multiple choice/matching/short answ/essay

23. LESSON PLAN 4: PERSONALIZING SKILLS__DATE/TIME_____

OBJECTIVE Topic Question_____	HOW DO I REACH THE CLIENT?_____	
I.__INTRODUCTION___	II.MEANING-PROBLEM_	III.FEELINGS-GOALS___
Obj.TO UNDERSTAND__	TO PERSONALIZE_____	TO PERSONALIZE_____
NON-PERSONALIZING	MEANINGS, PROBLEMS_	_FEELINGS, GOALS_____
Level_____2A_____	_____3B_____	____3B_____
RESOURCES Pages__SKILL 95-102	__SKILL 102-109____	__SKILL 109-133, WB___
AV____0____Word____	__CHART_____ _____	__CHART_____ _____
Outline___CASE_____	YOU FEEL..BECAUSE Y	YOU FEEL..B.Y.CAN'T__
_____	YOU FEEL...CAN'T___	YOU FEEL..+ WANT_____
_____	_____	_____
ACTIVITIES Attendance/Assignment	___READ SKILL 135-174,	DO WB, 4 CASES- 1h
Method___II _____	___III,IV_____	__III,IV_____
?__WHEN DO I NOT___	HOW CAN I PERSONAL.	_HOW CAN I PERSONALIZE
___MAKE CONTACT?___	PROBLEMS?_____	_FEELINGS?_____
Time__20_C.Think_d_	___50___ ____e_____	____50_____ ___e_____
MEASUREMENT, Date Type_____ Page_____	_____ _____	_____ _____
Diff.____ Time_____	_____ _____	_____ _____
? _____	_____	_____
_____	_____	_____
_____	_____	_____
Answer_____Points_	_____ __	_____ __

OBJECTIVE LEVEL 1-6:to describe/explain/use/outline/plan/evaluate
A-D: Avoid punishment/Benefit/Conform/Duty/Ethical principal.
RESOURCES: books/charts/transparencies/chalkboard/video/etc.
ACTIVITIES: I-lectures, II-AV, III-participation, IV-individual.
Critical Thinking: a-sources, b-assumptions, c-evidence-reason, d-contrast, e-consequences, f-integration.
MEASUREMENTS:True false/multiple choice/matching/short answ/essay

23. LESSON PLAN 5: INITIATING GOAL S.____DATE/TIME_____

OBJECTIVE Topic Question___HOW DOES THE CLIENT SELECT A DIRECTION?_____		
I.__INTRODUCTION___ Obj._ TO UNDERSTAND _LACK OF GOALS_____ Level_____2A_____	II.GOALS,ALTERNATIVE TO DEVELOP GOALS___ AND ALTERNATIVES___ ____3B_____	III.VALUES, DECISIONS TO MAKE DECISIONS____ _BASED ON VALUES_____ ____3B_____
RESOURCES Pages__SKILL 135-142 AV____0____Word____ Outline___CASE_____ _____ _____	__SKILL 143-148____ __CHART_____ _____ SO YOUR GOAL IS..._ ANOTHER WAY TO GET_ __THERE MAY BE...__	_SKILL 148-174, WB____ _CHART_____ _____ ++,+,+/-,-,--_____ _DECISION MATRIX_____ _____
ACTIVITIES Attendance/Assignment___READ SKILL 175-211,DO WB AND 4 CASES- 1h Method_____II_____ ?__WHAT HAPPENS____ ___WITHOUT GOALS?__ Time__20_C.Think_d_	__III_____ __HOW CAN WE DEVELOP __GOALS?_____ ___30___ ____f_____	__III,IV_____ __HOW CAN WE MAKE_____ __DECISIONS ?_____ ____60_____ ___f_____
MEASUREMENT, Date Type_____ Page_____ Diff.____ Time_____ ? _____ _____ _____ Answer_____Points_	_____ _____ _____ _____ _____ _____ _____ _____ __	_____ _____ _____ _____ _____ _____ _____ _____ __

OBJECTIVE LEVEL 1-6:to describe/explain/use/outline/plan/evaluate
A-D: Avoid punishment/Benefit/Conform/Duty/Ethical principal.
RESOURCES: books/charts/transparencies/chalkboard/video/etc.
ACTIVITIES: I-lectures, II-AV, III-participation, IV-individual.
Critical Thinking: a-sources, b-assumptions, c-evidence-reason, d-contrast, e-consequences, f-integration.
MEASUREMENTS:True false/multiple choice/matching/short answ/essay

23. LESSON PLAN 6: INITIATING STEP S.____DATE/TIME_____

OBJECTIVE		
Topic Question___HOW DO WE DEVELOP PLANNING STEPS?_____		
I.__INTRODUCTION___	II.__STEPS_____	III._THINK-STEPS_____
Obj.__TO UNDERSTAND	TO DEVELOP STEPS___	TO DEVELOP QUESTIONS_
__LACK OF STEPS____	__TO REACH GOAL____	___FOR EACH STEP_____
Level_____2A_____	__3B_____	___3B_____
RESOURCES		
Pages__SKILL 175-182	__SKILL 182-191____	_SKILL 191-211, WB____
AV____0____Word____	__CHART_____ _____	_CHART_____ _____
Outline____CASE____	__PRIMARY STEP_____	_BEFORE THINK-STEPS___
_____	__FINAL STEP_____	_DURING THINK-STEP____
_____	__ADDITIONAL STEPS_	_AFTER THINK-STEP_____
ACTIVITIES		
Attendance/Assignment__READ SKILL 213-247, DO WB, 4 CASES-1h_		
Method___II_____	___III,IV_____	__III,IV_____
?__WHAT HAPPENS____	HOW CAN WE DEVELOP_	HOW CAN WE STRENGTHEN_
___WITHOUT PLANS?__	PLANNING STEPS?____	THE STEPS?_____
Time_20__C.Think_d_	___40___ ___f_____	_____60____ ____f_____
MEASUREMENT, Date		
Type_____ Page_____	_____ _____	_____ _____
Diff.____ Time_____	_____ _____	_____ _____
? _____	_____	_____
_____	_____	_____
_____	_____	_____
Answer_____Points_	_____ __	_____ __

OBJECTIVE LEVEL 1-6:to describe/explain/use/outline/plan/evaluate
A-D: Avoid punishment/Benefit/Conform/Duty/Ethical principal.
RESOURCES: books/charts/transparencies/chalkboard/video/etc.
ACTIVITIES: I-lectures, II-AV, III-participation, IV-individual.
Critical Thinking: a-sources, b-assumptions, c-evidence-reason, d-contrast, e-consequences, f-integration.
MEASUREMENTS:True false/multiple choice/matching/short answ/essay

23. LESSON PLAN 7. INITIATING ACTION S.__DATE/TIME_____

OBJECTIVE

Topic Question___HOW DO WE ASSURE MASTERY OVER THE PROBLEM?_____

I._INTRODUCTION____	II.MASTER,REINFORCE	III._RECYCLING_____
Obj.TO UNDERSTAND__	TO MASTER AND_____	TO RECYCLE STEPS_____
_LACK OF MASTERY___	REINFORCE STEPS____	_____
Level_____2A_____	__3B_____	__3B_____

RESOURCES

Pages__SKILL 213-218	SKILL 218_-228_____	_SKILL 228-247,WB_____
AV__CHART__Word____	__CHART_____ _____	_CHART_____ _____
Outline____CASE____	__TELL,SHOW,DO_____	_WITHIN SAME AREA_____
_____	POSITIVE REINFORCE.	_IN OTHER AREAS OF____
_____	NEGATIVE REINFORCE.	___LIFE_____

ACTIVITIES

Attendance/Assignment_READ SKILL 249-259, DO WB, 4 CASES WITH 1h_

Method_____II_____	___III,IV_____	__III,IV_____
?__WHAT HAPPENS ___	__HOW CAN WE MASTER	__HOW CAN WE FURTHER__
___WITHOUT MASTERY?	__THE PROBLEM?_____	__IMPROVE?_____
Time__20_C.Think_f_	__50____ ____f_____	___50_____ ___f_____

MEASUREMENT, Date

Type_____ Page_____	_____ _____	_____ _____
Diff.____ Time_____	_____ _____	_____ _____
? _____	_____	_____
_____	_____	_____
_____	_____	_____
Answer_____Points_	_____ __	_____ __

OBJECTIVE LEVEL 1-6:to describe/explain/use/outline/plan/evaluate
A-D: Avoid punishment/Benefit/Conform/Duty/Ethical principal.
RESOURCES: books/charts/transparencies/chalkboard/video/etc.
ACTIVITIES: I-lectures, II-AV, III-participation, IV-individual.
Critical Thinking: a-sources, b-assumptions, c-evidence-reason, d-contrast, e-consequences, f-integration.
MEASUREMENTS:True false/multiple choice/matching/short answ/essay

23. LESSON PLAN 8: FEEDBACK_____DATE/TIME_____

OBJECTIVE		
Topic Question__WHAT HAVE I LEARNED? HOW CAN I FEEDBACK?_____		
I._INTRODUCTION____	II._ FEEDBACK_____	III._TEST_____
Obj._TO FOCUS THE__	_TO USE FEEDBACK___	__TO EVALUATE_____
_____	_____	_STUDENT SKILLS_____
Level_____3D_____	_____3D_____	_____6D_____
RESOURCES		
Pages__SKILL 249-251	__SKILL 251-259____	_____
AV____0____Word____	__CHART_____ _____	_TEST_____ _____
Outline_____	_____	_____
_____	_____	_____
_____	_____	_____
ACTIVITIES		
Attendance/Assignment____KEEP LEARNING_____		
Method_____II_____	____III_____	__IV_____
?_____	_____	__HOW DO I COUNSEL?___
_____	_____	_____
Time__20_C.Think_A_	___40___ ____C_____	___60_____ ___F_____
MEASUREMENT, Date		
Type_____ Page_____	_____ _____	_____ _____
Diff.____ Time_____	_____ _____	_____ _____
? _____	_____	_____
_____	_____	_____
_____	_____	_____
Answer_____Points_	_____ __	_____ __

OBJECTIVE LEVEL 1-6:to describe/explain/use/outline/plan/evaluate
A-D: Avoid punishment/Benefit/Conform/Duty/Ethical principal.
RESOURCES: books/charts/transparencies/chalkboard/video/etc.
ACTIVITIES: I-lectures, II-AV, III-participation, IV-individual.
Critical Thinking: a-sources, b-assumptions, c-evidence-reason, d-contrast, e-consequences, f-integration.
MEASUREMENTS:True false/multiple choice/matching/short answ/essay

23. LESSON PLAN 11, 12, 13_____DATE/TIME_____

OBJECTIVE		
Topic Question_____		
I.__CODE OF ETHICS_	II._INTERCULTURAL__	III._ANTI-COUNSELING_
Obj.TO USE THE CODE	TO WORK WITH CULTURAL	_TO USE_____
__IN COUNSELING____	__DIFFERENCES_____	__ANTI-COUNSELING_____
Level____3B_____	__3B_____	__3B_____
RESOURCES		
Pages_____	_____	_____
AV__CHART__Word____	__CHART_____ _____	__CHART_____ _____
Outline_1.GOAL_____	_ 6 STAGES_____	__GHOST_____
2.RESPECT,3.MAINTAIN	_CONFLICT MANAGEMENT	__POLE-PLAYING_____
4.CONSULT_____	_____	__CO-COUNSELING_____
ACTIVITIES		
Attendance/Assignment_____		
Method_____III_____	_____III_____	_____III_____
?HOW DO YOU USE THE	HOW CAN WE WORK____	_WHAT HINDERS/HELPS___
_CODE IN COUNSELING?	TOGETHER?_____	_COUNSELING?_____
Time_60__C.Think_d_	___60___ ____d_____	____60_____ ___f_____
MEASUREMENT, Date		
Type_____ Page_____	_____ _____	_____ _____
Diff.____ Time_____	_____ _____	_____ _____
? _____	_____	_____
_____	_____	_____
_____	_____	_____
Answer_____Points_	_____ __	_____ __

OBJECTIVE LEVEL 1-6:to describe/explain/use/outline/plan/evaluate
A-D: Avoid punishment/Benefit/Conform/Duty/Ethical principal.
RESOURCES: books/charts/transparencies/chalkboard/video/etc.
ACTIVITIES: I-lectures, II-AV, III-participation, IV-individual.
Critical Thinking: a-sources, b-assumptions, c-evidence-reason, d-contrast, e-consequences, f-integration.
MEASUREMENTS:True false/multiple choice/matching/short answ/essay

23. LESSON PLAN 14, 15, 16_____DATE/TIME_____

OBJECTIVE		
Topic Question_____		
I.__MAPPING_____	II.__FAMILY INVOLV.	III.__RET_____
Obj._TO USE_____	_TO ANALYZE SUPPORT	__TO USE RATIONAL____
__MAPPING_____	_AND NONSUPPORT____	EMOTIVE THERAPY_____
Level_____3E_____	_____4E_____	_____3E_____
RESOURCES		
Pages_____	_____	_____
AV__CHART__Word____	__CHART_____ _____	__CHART_____ _____
Outline_1.KINDS____	__1.TYPES_____	__1. A-B-C-D-E_____
_2.DRAWING_____	__2.GIVING SUPPORT_	__2. WORKSHEET_____
_3.USAGE_____	__3.RECEIVING SUPP.	_____
ACTIVITIES		
Attendance/Assignment_____		
Method_____III,IV__	_____III,IV_____	_____III_____
?_HOW CAN I MAP A__	__HOW CAN I MAXIMIZE	__HOW CAN I USE_____
__CASE_____	__SUPPORT_____	__RET_____
Time_60__C.Think_d_	___60___ ____f_____	____60_____ ____c_____
MEASUREMENT, Date		
Type_____ Page_____	_____ _____	_____ _____
Diff.____ Time_____	_____ _____	_____ _____
? _____	_____	_____
_____	_____	_____
_____	_____	_____
Answer_____Points_	_____ __	_____ __

OBJECTIVE LEVEL 1-6:to describe/explain/use/outline/plan/evaluate
A-D: Avoid punishment/Benefit/Conform/Duty/Ethical principal.
RESOURCES: books/charts/transparencies/chalkboard/video/etc.
ACTIVITIES: I-lectures, II-AV, III-participation, IV-individual.
Critical Thinking: a-sources, b-assumptions, c-evidence-reason, d-contrast, e-consequences, f-integration.
MEASUREMENTS:True false/multiple choice/matching/short answ/essay

23. LESSON PLAN 17, 18_____DATE/TIME_____

OBJECTIVE Topic Question_____		
_____	I._S.QUESTIONING___	II.__RELAPSE PREVENT.
Obj._____	__TO USE QUESTIONS_	__TO PRACTICE_____
_____	__WELL_____	___PREVENTION WHILE C.
Level_____	_____3B_____	_____3B_____
RESOURCES Pages_____	_____	_____
AV_____Word____	___CHART_____ _____	___CHART_____ _____
Outline_____	__1. KINDS_____	___1. SYNDROME_____
_____	__2._USAGE_____	___2.STEPS_____
_____	_____	_____
ACTIVITIES Attendance/Assignment_____		
Method_____	_____III_____	____III,IV_____
?_____	__WHEN/WHAT DO WE__	__HOW DO WE PREVENT___
_____	__ASK_____	__RELAPSE_____
Time_____C.Think___	___60___ ___e_____	____60_____ ___f_____
MEASUREMENT, Date Type_____ Page_____	_____ _____	_____ _____
Diff.____ Time_____	_____ _____	_____ _____
? _____	_____	_____
_____	_____	_____
_____	_____	_____
Answer_____Points_	_____ __	_____ __

OBJECTIVE LEVEL 1-6:to describe/explain/use/outline/plan/evaluate
A-D: Avoid punishment/Benefit/Conform/Duty/Ethical principal.
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ACTIVITIES: I-lectures, II-AV, III-participation, IV-individual.
Critical Thinking: a-sources, b-assumptions, c-evidence-reason, d-contrast, e-consequences, f-integration.
MEASUREMENTS:True false/multiple choice/matching/short answ/essay

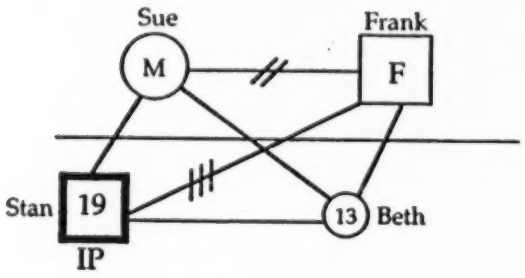


Figure 3.4. Case Example (Shaw Family), Third Session

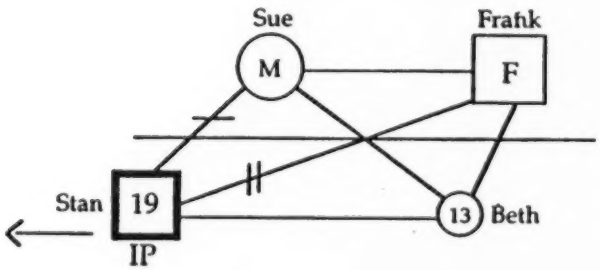


Figure 3.5. Case Example (Shaw Family), Final Session

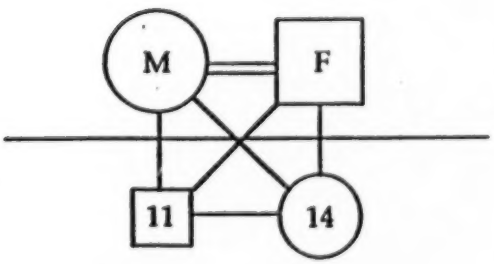


Figure 3.6. An "Ideal" Family

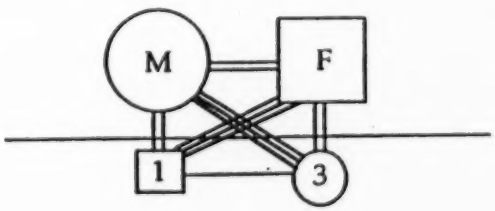
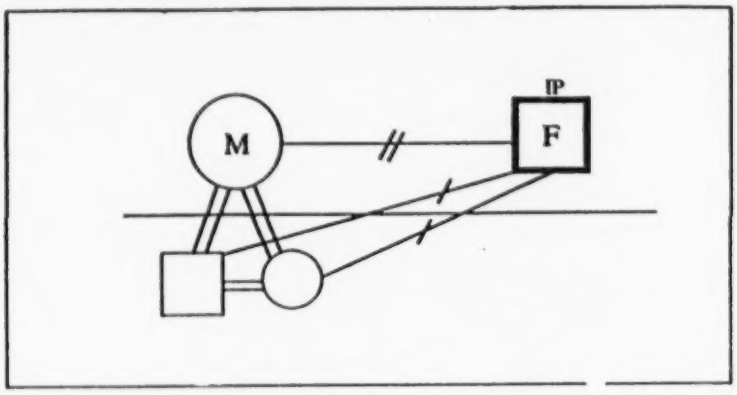
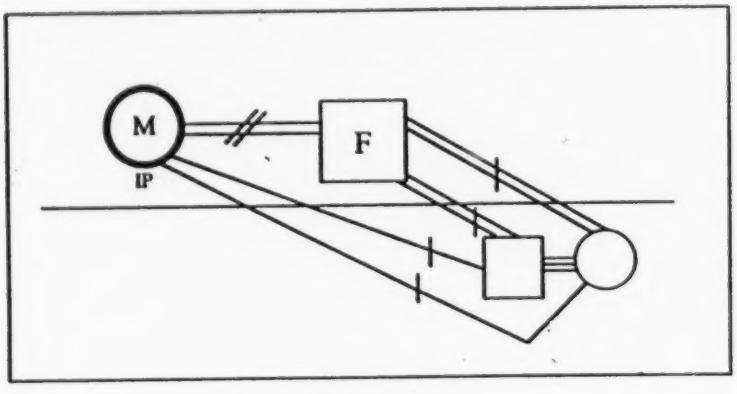


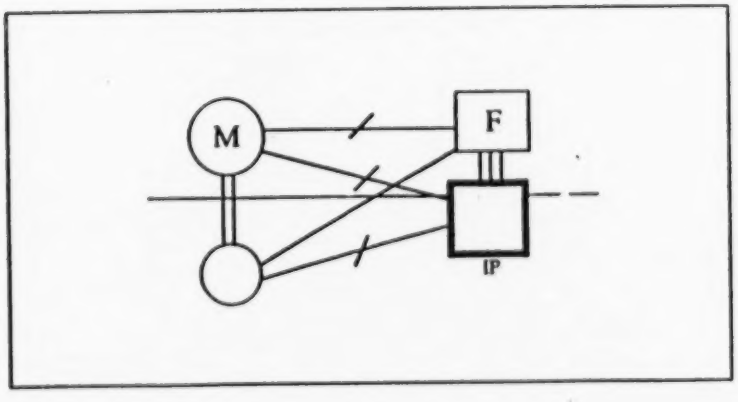
Figure 3.7. A "Normal" Family



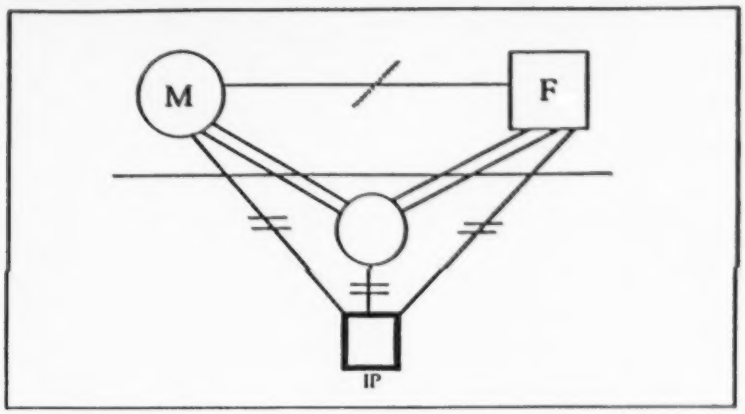
Pattern #1
Peripheral Parent IP



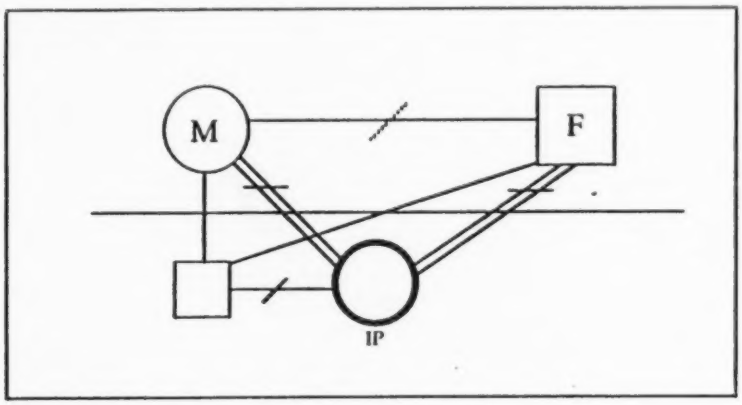
Pattern #2
Parent in the Middle



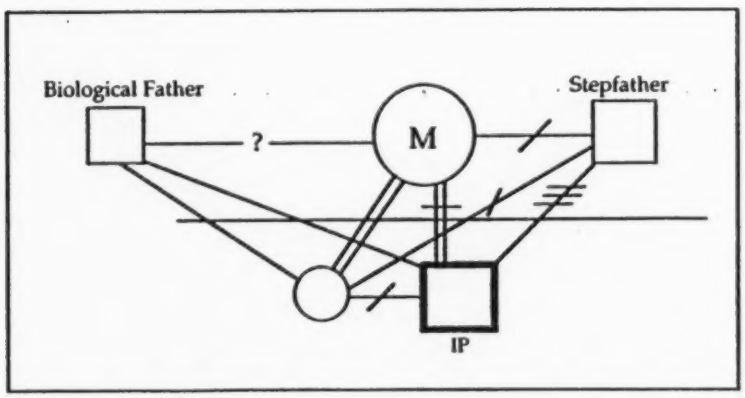
Pattern #3
Enmeshed Child IP



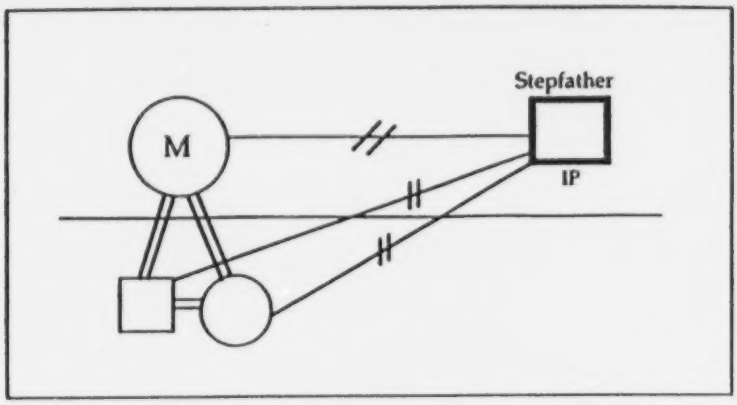
Pattern #4
Good Child / Bad Child



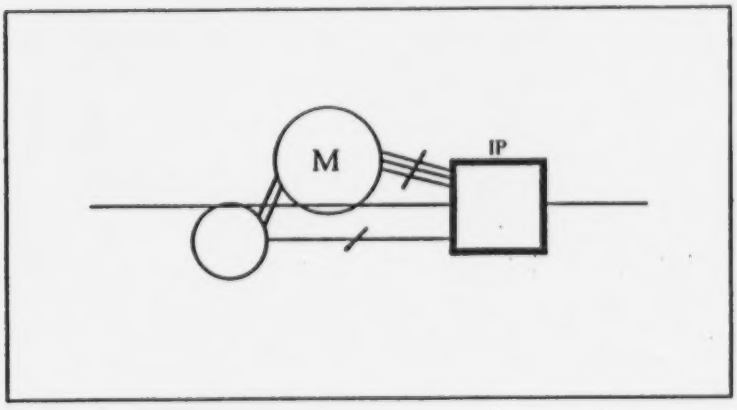
Pattern #5
Triangulated Child IP



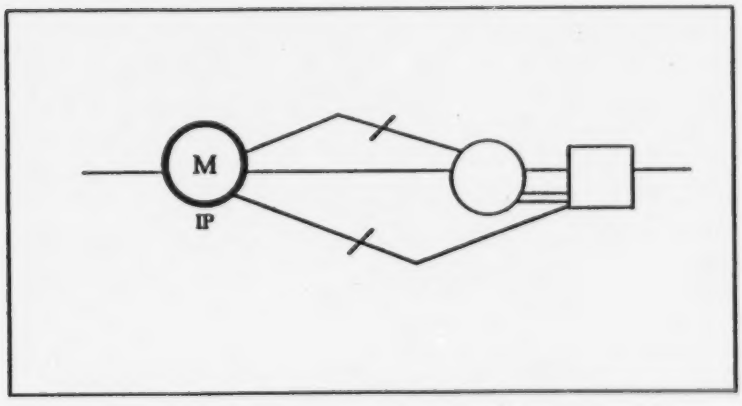
Pattern #6
Blended Family - Child IP



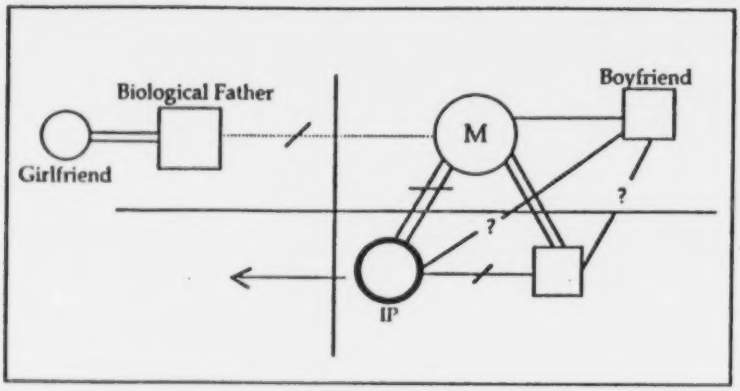
Pattern #7
Blended Family - Stepparent IP



Pattern # 8
Single Parent - Child IP



Pattern #9
Single Parent IP



Pattern #10
Divorced - Child IP

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